

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

RECEIVED

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THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

DONALD HAYWOOD (#R-47947),

Plaintiff,

-VS-

WEXFORD HEALTH SOURCES, INC., - And -

DR. CATHERINE LARRY; - And -

DR. CONRAD; - And -

BETH A HART; - And -

LT. JASON BERRY; - And -

LT. CHARLES BEST; - And -

MAJOR HUNTER; - And -

LAKEISHA V. ACKLIN; - And -

TARRY WILLIAMS. - And -

JOHN BALDWIN,

Defendants.

CASE NO.

16-cv-3566

Judge Amy J. St. Eve

Magistrate Judge Sidney I. Schenkier

PC4

PLAINTIFF'S COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE
42 U.S.C. § 1983 FOR LEGAL AND INJUNCTIVE RELIEF.

Now Comes Plaintiff, Donald HAYWOOD (#R-47947), pro
se, And for his complaint Against Defendant's Wexford
Health Sources, Inc., DR CATHERINE LARRY, DR. CONRAD, BETH A HART,
LT. JASON BERRY, LT. CHARLES BEST, MAJOR HUNTER, LAKEISHA V. ACKLIN,
TARRY WILLIAMS and JOHN BALDWIN, and states AS follows:

JURISDICTION AND VENUE

1. This Action is brought, in part, pursuant to 42 U.S.C. § 1983 for deprivation of Plaintiff's Constitutional Civil Rights; jurisdiction is therefore appropriate under 28 U.S.C. §§ 1331 and 1343. Injunctive relief and monetary damages are authorized pursuant to 42 U.S.C. § 1983.

2. The claims asserted herein arose in the Northern District of Illinois, and venue is therefore proper under 28 U.S.C. § 1391(b).

3. Plaintiff has filed many grievances complaining of these continuing constitutional violations, seeking his constitutionally protected MENTAL HEALTH treatment and associated unconstitutional living conditions, and personally notifying Defendants of this continuing violations. Through these grievances, he has exhausted any required administrative remedies. Attached hereto and incorporated herein by reference as EXHIBITS "A", "E", and "I", which are Grievance Numbers (4298), (2747) and (3420) and which is three of the grievances administratively exhausted by Plaintiff for which mental health treatment was sought and denied through the fully exhausted grievance procedure.

NATURE OF THIS ACTION

4. This is A Claim For Violation OF Plaintiff's Civil Rights as protected By The Eighth and Fourteenth Amendments OF The Constitution and Laws OF The United States under 42 U.S.C. § 1983, 1985 and 1986 For deliberate indifference by The Defendant's by and Through Their Failure to provide Adequate Mental Health Care and/or a Delay in providing Adequate Mental Health Treatment which has caused Continuing HARM TO Plaintiff, Defendant's have taken Steps OF "Retaliation" toward Plaintiff For Filing Grievances in his Attempt To Correct "Unconstitutional Living Conditions" That Attributed TO (OR) Frustrated his Mental Health Condition, Further, The "Mental Health Care Provider's" deliberately Attempt To maintain Plaintiff To "Maximum-Terms" OF Segregation, and "Fabricate Reports" proclaiming They See Plaintiff "Each-week" while in Segregation To provide Mental Health Treatment, None OF Which True, All designed To Keep Plaintiff "Segregated" and "Confined" so That he does NOT have Contact with The Mental Health Care providers.

5. This is A Civil Action For Declaratory and Monetary damages and Injunctive Relief For Defendant's deprivation OF Plaintiff's Rights by Their deliberate indifference TO Plaintiff's Serious medical Needs, Resulting in Plaintiff's

Continuing UNNECESSARY AND UNREASONABLE PAIN AND SUFFERING.

Defendant's Continuous Failures To Treat Plaintiff's Serious Mental Illness ("SMI") Condition, and "Retaliatory Acts" Towards Plaintiff Due To The provider's personal dislikes of Plaintiff For Filing Grievances Against Them and For Defendant's Continuous Failures To Correct Known "Unconstitutional Living Conditions" That Affected Plaintiff's Well Being and Mental Health Which Plaintiff Suffered While In Defendant's CARE and Custody as AN Inmate at Stateville Correctional Center ("Stateville"), constitute Violations of Plaintiff's Rights Under The Eighth Amendment To The Constitution of The United States, made Applicable To The States by The Fourteenth Amendment. U.S. CONST. amends. VIII and XIV.

PARTIES

6. Plaintiff, DONALD HAYWOOD is A 30-year old inmate OF The Illinois Department OF Corrections ("IDOC"), He is Currently Incarcerated at Stateville Correctional Center at P.O. Box 112, Joliet, Illinois (Will County), his Prison Registration Number is (R-47947), -- Plaintiff is Classified By The "IDOC" as AN ("SMI") "Seriously Mentally Ill" Inmate, AND Requires "Special Mental Health Care and Treatment".

7. Defendant WEXFORD Health Sources, INC., ("WEXFORD") is A For-profit Corporation headquartered in Pennsylvania

Transacting business in Illinois. WEXFORD, pursuant to Contract with the State of Illinois, is a healthcare provider for "IDOC" prisons throughout Illinois. At all material times, Wexford has been engaged in the practice of medicine and mental health treatment through its contract with the Illinois Department of Corrections at Stateville Correctional Center where it has been the exclusive provider of mental health care and medical care for inmates incarcerated at Stateville, including Plaintiff. At all times relevant to the events at issue in this case, Wexford was responsible for the implementation, oversight, and supervision of policies and practices at Stateville and the IDOC generally. As an agent of IDOC, Wexford was at all times relevant to the events at issue in this case acting under color of law by and through its lawful agents, including DR. Larry, DR. Conrad and Beth A. Hart,

8. Defendant Catherine Larry ("Larry") at all material times hereto has been a psychologist licensed to practice psychology in the State of Illinois and employed by Defendant Wexford Health Sources, Inc. as a mental health care provider to inmates at Stateville Correctional Center. Larry is an employee of Wexford and final policymaker for Wexford, and is responsible for all mental health care provided by Wexford and for ensuring timely and efficient

Response to Inmate's Mental Health care needs, The Creation, implementation, oversight and supervision of Policies, practices and procedures regarding mental Health care at Stateville, The Training of IDOC and Wexford staff at Stateville on providing mental Health care to prisoners, And providing prisoners with "Serious Mental Illness" to mental Health care, Larry is Sued in her individual capacity, At All material times hereto, Larry has been Acting under Color of State law and within The Scope of her employment.

9. Defendant Doctor Conrad ("Conrad") at all material times hereto has been a psychologist Licensed to practice psychology in The State of Illinois and employed by Defendant "Wexford" Health sources, Inc. As a mental Health care provider to inmates at Stateville Correctional Center "Conrad" is an Employee of Wexford and Final Policy maker for Wexford, And is Responsible for all mental Health care provided By Wexford and for ensuring Timely and efficient Response to Inmate's mental Health care needs, The Creation, implementation, oversight and supervision of Policies, practices and procedures regarding mental Health care at Stateville, The Training of IDOC and Wexford staff at Stateville on providing mental Health care to prisoners, And providing prisoners with "Serious mental Illness" to mental Health care. "Conrad" is Sued

in his individual capacity. At All Material Times hereto, CONRAD has been Acting Under Color of State Law and Within The Scope of his employment.

10. Defendant Beth A. Hart, LCSW ("HART") at All Material Times hereto has been a "LCSW" (Social Worker 3) Licensed To practice in The State of Illinois and Employed By Defendant Wexford Health Sources, Inc. As A Mental Health Care provider TO Inmates at Stateville Correctional Center. "HART" is AN Employee OF Wexford, and was responsible For All Mental Health Care provided By WEXFORD and For ensuring Timely and efficient Response TO Inmate's Mental Health Care Needs at Stateville, "HART" was responsible For Inmates mental Health Needs while Incarcerated in Segregation on A Weekly Basis at Stateville, "HART" is Sued in her individual capacity. At All Material Times hereto, "HART" has been Acting Under Color of State Law and Within The Scope of her employment.

11. Defendant LT. Jason Berry, ("Berry") at all material times hereto has Been A (Crisis Team member) and employed By The Illinois Department of Corrections, And is Responsible For The Custody, Care and Safety OF All Inmate's AT Stateville Correctional Center, and Responsible For The timely and efficient Response TO Inmate's who Declare A "Crisis" who are "seriously mentally ill". "Berry" is ALSO Responsible to ensure (SMI) Inmates Serious Mental Health Needs are met in Accordance with "Crisis Intervention Services pursuant TO "IDOC" Administrative Directive 04.04.100 § II (E)(3) and 04.04.102. "Berry" is Sued in

his individual capacity. At All Material Times hereto, "Berry" has been Acting under Color of State Law and within The Scope of his employment.

12. Defendant LT. Charles Best, ("Best") at All Material Times hereto has Been The "Adjustment Committee - Chair person" and employed By The Illinois Department of Corrections, and is Responsible For conducting Adjustment Committee Hearings pursuant To "IDOC" Administrative Directive and Departmental Rules 20/504A and 04.01.114, Further, "Best" is Also Responsible For contacting "witnesses" necessary For The Accused Inmate To present evidence in his defense at The disciplinary proceeding, when The Inmate Requests That witness prior To Judgment in The disciplinary proceeding. "Best" is Also Responsible To Ensure That ("SMT") Inmates who Receive A "Disciplinary Report" are seen by a ("MHP") "Mental Health Professional" To Determine if his Mental-Illness "Contributed-To" The Underlying behavior OF The offense Prior To The Adjustment-Committee proceedings. "Best" is Sued in his individual capacity. At All Material Times hereto, "Best" has been Acting under Color of State Law and within The Scope of his employment.

13. Defendant Major Hunter, ("Hunter") at All Material Times hereto was The "Supervising Commanding Officer" over "F-House" at The Stateville Correctional Center, and is employed By The Illinois Department of Corrections, And is Responsible For The Custody, Care, Control - and - Safety OF All Inmates within "F-House" And To ensure

'A 'SAFE and Healthy Living Condition and to ensure INMATES under his Supervision are NOT exposed TO UNSAFE CONDITIONS, which include, but NOT limited TO Exposure TO "Black-mold", "Asbestos", "Roaches", "Spiders" and "Bird-droppings," ect. and Responsible TO ensure That UNSAFE Conditions Are Corrected and NOT Remain UNSAFE. "Hunter" is Sued in his Individual Capacity. AT All Material Times hereto, "Hunter" has been Acting under Color OF STATE Law and within The Scope OF his employment.

14. Defendant LAKeisha V. ACKlin, ("ACKlin") AT All Material Times hereto WAS AN "Adjustment Committee Member" and employed by The ILLINOIS Department OF Corrections, and she is Responsible For conducting Adjustment Committee Hearings pursuant TO "IDOC" Administrative Directive and Departmental Rules "20/524A" and "04.01.114", Further "ACKlin" is ALSO responsible For CONTACTING "witnesses" NECESSARY For The Accused INMATE TO present evidence in his defense AT The disciplinary proceeding where AN INMATE Requests That witness prior TO Judgment in The disciplinary proceeding. "ACKlin" is ALSO Responsible TO ensure ("SMI") INMATES who receive a "disciplinary Report" Are seen by AN ("MHP") "Mental Health professional" TO determine if his "Mental-illness" Contributed-TO The "underlying behavior OF The offense" prior TO The Adjustment Committee proceedings. "ACKlin" is Sued in her Individual Capacity. AT All Material Times hereto, "ACKlin" has been Acting under Color OF Law and within The Scope OF her employment.

15. Defendant TARRY WILLIAMS, ("Williams") At All Material Times WAS The WARDEN OF STATEVILLE Correctional Center, And AN Employee OF The ILLINOIS Department OF Corrections, and WAS responsible For The implementation, Oversight and Supervision OF Policies and Practices at STATEVILLE, Responsible For Review OF Disciplinary proceedings, and Responsible For The Care, Custody, Control and Safety OF Every INMATE Confined at STATEVILLE Correctional Center. "Williams" is being Sued in his individual and OFFICIAL Capacities and Further at all material Times hereto has been Acting under Color OF STATE Law and WITHIN The Scope OF his employment WITH The "IDOC".

16. Defendant Director John Baldwin, ("Baldwin"), is the current Director OF The ILLINOIS Department OF Corrections. "Baldwin" is Sued in his OFFICIAL capacity AS The Director OF The IDOC. AS Director OF The IDOC, "Baldwin" Acts under Color OF Law. Plaintiff Assents ONLY claims For "Injunctive Relief" against Baldwin.

FACTS

17. Prior TO 10/1/14 Plaintiff Donald Haywood, who is "Classified" as AN ("SMA") "seriously mentally ill" INMATE had NOT BEEN seen By ANY mental Health professional ("MHP") For over (2½) TO (3)-months despite Plaintiff's Multiple Requests TO be seen While incarcerated in Segregation.

18. The assigned (MHP) "DR. Larry" would NOT make her assigned weekly Rounds of Segregation to see "SMI" inmates, and on the occasions that "DR. Larry" did make Rounds in the Segregation Unit, DR. Larry would "deliberately" bypass and avoid the cells with SMI-inmates that she had a personal dislike for. This by-passing was witnessed by "Numerous" persons assigned to "F-House" as it became Larry's customary practice to avoid what she considered problem inmates.

19. Plaintiff filed numerous letters to the wardens and other prison officials for assistance in obtaining mental health care. (see Attached)

20. Plaintiff filed his Grievance (#4298) on 10/29/14 due to the lack of mental health care and NOT being seen by "Larry" as plaintiff was suffering from mental health issues. (see: EXHIBIT "A") as he had NOT been seen for literally months.

21. Counselor "Kim Davall" received a response from "Larry" to the Grievance who claimed that the offender has been seen weekly by mental health as long as he is in Seg, and alleged plaintiff was seen on 11-17-14 and 12-2-14 by a new provider. (see: EXHIBIT "A") -- plaintiff responded to the counselor by writing in the (Relief Requested space): "That Grievant wants to be seen by someone, I don't care who it is, I disagree with what DR. Larry is saying to counselor Davall. Today is the 18th and no one has seen me yesterday or the other day. (see: EXHIBIT "A").

22. Here, Even Though plaintiff clearly pointed out he had Not Been Seen on those dates either By "Dr. Larry" OR ANYONE, The Grievance officer and "Williams" concurred with the Findings. (see: EXHIBIT "B") and which Administrative Remedy was Exhausted. (see: EXHIBIT "C")

23. Plaintiff's (MHP) "DR. Kelly" informed plaintiff that Due To his severe mental illness that anytime that he began suffering From emotional-stress with the overbearing feelings of feeling "helpless and hopeless, sullen (or) dejected" to Ask For A "Crisis-team" member Before "Acting-out".

24. ON 6/11/15 plaintiff informed "Sgt. Houston" that that he was feeling "helpless and Hopeless" AND Requested To see A "Crisis team member", "Berry" As A Crisis Team member Responded AND Asked plaintiff IF he was Thinking OF harming himself OR others", which plaintiff Denied. (see: EXHIBIT "D"). AND Because plaintiff did Exactly AS his (MHP)-DR. Kelly instructed him to do, AND Because "Berry" had Not Been Adequately Trained in dealing with "SMI" inmates, "Berry" wrote plaintiff AN "Offender Disciplinary Report" (see: EXHIBIT "D"), IN which plaintiff Filed A Grievance (see: EXHIBIT "E") (#2747) Claiming First Plaintiff Asserted That "Sgt. Houston" should have written ANY disciplinary Report and Not "Berry" IF ANY was Justified, and That "Berry" (presumed) That's Not what "Sgt. Houston" Told "Berry", so, No False Information To AN employee For Rule 303 CAN be Substantiated as Being given To "Berry", NOR For a Violation OF Rule 310, where in Fact The (MHP) ("DR. Kelly") TO Ask For A Crisis Team. This Grievance was Exhausted (see EXHIBITS "F" and "G")

25. ON 6/16/15 plaintiff was seen By The Adjustment Committee Members "Best" and "Acklin", plaintiff informed The Committee members That he was instructed By mental Health Doctor Kelly To ASK For a Crisis Team member When he Felt helpless and Hopeless, Sworn and Rejected By staff Instead of Acting-out.

26. Neither "Best" NOR "Acklin" contacted Dr. Kelly To determine what he had instructed plaintiff To do, which was a Requested witness, And Violated Disciplinary procedures

27. Further, "Dr. Larry" in Retaliation For plaintiff Filing Grievances Against her, Recommended To The Committee That plaintiff Receive The "maximum-term" of Segregation of (3)-months (see: Exhibit "L") When The Committee determined That No Segregation time was warranted (see: Exhibit "K") And "Williams" ON 6/22/15 Adopted The Recommendations OF The Committee and denial of Due process By Not contacting witnesses. (see: EXHIBIT "K")

28. plaintiff ON 6-30-15 provided his counselor "Kim Duvall" With a Grievance Exposing plaintiff To "Black-mold" and other "Substances" That contributed To unconstitutional Living conditions That had Adverse effects ON Both plaintiff's Health and "Mental Health", Such as infestations of Roaches, spiders, and rats and other insects That effected plaintiff's Breathing, preventing sleep, and having a disturbing effect ON plaintiff's mental Health. (see: EXHIBITS "H", "I" and "J"), which "Hunter"

Ignored. Said Grievance was Exhausted Regarding The Unconstitutional Living Conditions.

29. ON 9/1/15 while in The Health Care Unit, Plaintiff was involved in A Fight and was issued an Offender Disciplinary Report to which Plaintiff Plead Guilty, "Hart" in Retaliation For Filing Grievances Recommended That Plaintiff Receive (3)-months Segregation in excess of The (1)-month Segregation recommended By The Adjustment Committee. (See: Exhibits "M" and "N")

30. ON 1/6/16 Plaintiff Filed a written Complaint To The mental Health Supervisor and Warden of Programs Regarding "Conrad's" deliberate indifference to Plaintiff's Serious mental Health Condition and Treatment at Stateville, Seeing Dr. Conrad on 12-1-15 For The First Time After Not Seeing anyone For months, and in Furtherance of Retaliation and in Joint Conspiracy with other Named Defendants 'Conrad' proclaimed That she would "D.C" Plaintiff's Mental Health Medications and That "She Chooses Friendship over her Job" (See: Exhibit "O")

31. The defendants "Conrad," "Hart" and "Larry" have Jointly (or) Individually made efforts in "Retaliation" For Filing Grievances and Complaints Against them, To have other Hospital Staff members or Crisis team members To write Numerous Disciplinary Reports Against Plaintiff and Recommend Maximum terms of Segregation As a "practiced" Means of egregious Punishment For Their personal Retaliation Against Plaintiff That is

UNJUSTIFIED and UNWARRANTED, AS CAN BE VERIFIED BY THE "PATTERN OF MISCONDUCT" and "REPEATED" disciplinary Reports and Segregation Recommendations, (See: Exhibits "O", "R", "S", "T", "U" and "V"), (NOTING: There are over a hundred more documents That Should be Reviewed by AN ATTORNEY That may be relevant to This Issue)

32. ON 1/29/16 PLAINTIFF WAS PHYSICALLY ASSAULTED BY SGT. GRANT, B-HOUSE STAFF and OTHERS HAVE MADE NUMEROUS EFFORTS TO RETALIATE AGAINST PLAINTIFF FOR WEEKS THAT LED-UP TO THIS ASSAULT, PLAINTIFF FEARS FURTHER RETALIATION. (See: Exhibit "P"), PLAINTIFF HAS REPORTED THE ASSAULT, AND EVEN THOUGH IT OCCURRED IN FRONT OF A CAMERA AND IN THE PRESENCE OF OTHER INMATES NO ACTION HAS BEEN TAKEN OTHER THAN THE CONTINUATION OF HARASSMENT and RETALIATION AGAINST PLAINTIFF FOR FILING HIS WRITTEN COMPLAINTS and GRIEVANCES AGAINST DEFENDANTS

33. ON 8/12/14 "HART" MADE A FALSE REPORT THAT SHE MADE MENTAL HEALTH SEGREGATION ROUNDS IN "F-HOUSE" and SAW PLAINTIFF, THIS IS VERIFIED BY NUMEROUS WITNESSES and THE FACT THAT SHE ERRONEOUSLY FALSELY PREPARED AN "EVALUATION OF SUICIDE POTENTIAL" ON 8/13/14 (See: EXHIBIT "Q") "HART" MADE A "PRACTICE" OF AVOIDING and BYPASSING PROBLEM INMATES, and NOT SEEING THEM and WRITING FALSE REPORTS AS IF SHE HAD SEEN THE SERIOUSLY MENTALLY ILL INMATE.

34. Plaintiff has suffered severe delays in obtaining mental health treatment for months at a time despite his repeated requests for treatment, and the deliberate neglect in mental health treatment is continuing to occur. Defendants have continued to act with deliberate indifference to plaintiff's serious mental illness issues.

35. For over (3)-years now, plaintiff has made "repetitive complaints" of "total neglect" in "mental health treatment" required by policy, practice and procedure.

36. The mental health treatment has not been effective in treating his diagnosed "SMI" condition due to the "retaliatory actions" by defendants towards plaintiff for filing grievances against them.

37. Defendant Wexford's policies and procedures specify required treatment for "seriously mental illness" (SMI) inmates.

38. For over (3)-years plaintiff has sustained and suffered ongoing, continuing and recurring delay in mental health treatment.

39. Defendants have repeatedly made efforts to wrongly punish plaintiff by recommending extended and excessive segregation as punishment in retaliation for his written complaints and grievances against them.

40. Defendant's have denied Plaintiff Due Process in Disciplinary proceedings By Failing to Contact Named Witnesses.

41. Defendant's Failure to Correct UNCONSTITUTIONAL living conditions that had AN Adverse effect ON Plaintiff's Mental Health and Health concerns was deliberately INDIFFERENT TO serious medical needs

Count - I

42 U.S.C. § 1983 - Delay in Mental Health Treatment (Eighth Amendment) Claim Against Wexford, Larry, Conrad, Berry and Hunter

42. Plaintiff adopts AND incorporates Paragraphs 1-41 herein By reference as if Fully restated herein.

43. "Larry", "Conrad" and "Berry", during Pertinent Times previously stated committed one or more of the Acts of Deliberate Indifference and Reckless disregard of Plaintiff's Serious Mental Health medical needs,

44. And, As A direct and proximate Result of one or more of the Foregoing Acts of deliberate indifference and Reckless in Unreasonable Delay in Treatment of Plaintiff's Mental Health needs, Plaintiff was caused and continues to Suffer undue Mental Torture and Pain and disability and loss of A normal life. Plaintiff has been and continues to Suffer and be deprived of Rights, Privileges

and immunities guaranteed by The Eighth Amendment to The United States Constitution, and specifically subjected to cruel and unusual punishment.

Wherefore, plaintiff respectfully requests this Court enter judgment in his favor and against defendants for an amount in excess of \$100,000.00 in compensatory and punitive damages, injunctive relief compelling defendants to stop unnecessary and deliberate delay in mental health treatment, and provide medically necessary treatment, costs and attorney's fees due under the Civil Rights Statutes and Federal Rules of Civil procedure, and grant any other relief this Court deems just and appropriate.

Count-II

42. U.S.C. § 1983 - Denial of Mental Health Care while in Segregation (Eighth Amendment) Against Wexford,

45. plaintiff adapts and incorporates herein paragraphs 1-41 herein by reference as if fully restated here.

46. Defendant Wexford has, at pertinent times hereto, certain policies, procedures and practices in effect at Stateville which were consciously and deliberately indifferent to the serious medical needs of seriously mentally ill inmates incarcerated here, including plaintiff, specifically policies, procedures and practices;

a.) To ignore inmate's serious mental health needs which might require treatment;

- b.) To utilize "Segregation" as a means to control "SMI" inmates;
- c.) To Recommend "Extended" and "Excessive" Segregation Time For "SMI" inmates For minor Disciplinary infractions;
- d.) Not to provide enough mental Health professionals to evaluate and treat inmate's serious mental Health needs at Stateville;
- e.) To persistently provide inadequate and effective mental Health care and treatment;
- f.) Not to document certain inmate complaints that reflect clinical signs, patterns, and symptoms of mental illnesses which Wexford, and the IDOC wardens and directors, by way of their policies, procedures and practices, would not diagnose and treat, but House under Segregation status instead of treat as mental illness; and,
- G.) To be otherwise deliberately indifferent to inmates serious medical needs.

47. As a direct and proximate result of one or more of the foregoing acts of deliberate indifference, such acts and conduct having been caused by Wexford's policies, procedures and practices, Plaintiff was caused to suffer undue pain and discomfort, disability and loss of normal life. Plaintiff was

Thereby deprived of rights, privileges and immunities guaranteed by The Eighth and Fourteenth Amendments to The United States Constitution, specifically suffered cruel and unusual punishment.

WHEREFORE, plaintiff Respectfully Requests This Court enter Judgment in his Favor and Against Wexford Health Sources, INC. For an Amount in excess of \$100,000.00 in Compensatory and Punitive damages, costs and Attorney's Fee's as stated in Count-I, and Any other Relief The Court deems Just and Appropriate.

Count-III

Respondent Superior Against Defendant Wexford

48. Plaintiff Adopts paragraphs 1-47 herein by reference as if Fully restated here.

49. IN The Last (3)-years, Plaintiff has Filed Numerous Complaints and Grievances Against wexfords Agents and Employee's For Failing to provide Mental Health treatment, Delay in providing treatment and/or For deliberate Acts of Retaliation For Filing Complaints And Grievances Against wexfords Agents and Employee's, including, "Larry", "Conrad" AND "Hart" who committed one or more of the following Acts of Deliberate Indifference and Reckless disregard of The Serious medical Needs of Plaintiff or For Retaliation:

a.) Ignored Plaintiff's Serious medical Need of Mental Health treatment;

- b.) Failed to provide necessary mental health professionals and other personnel to properly evaluate and treat Plaintiff's serious medical need of serious mental illness;
- c.) provided inadequate and ineffective mental health care and treatment;
- d.) was deliberately indifferent to Plaintiff's serious medical needs, including his continuous complaints of not being seen or treated for months at a time by anyone;
- e.) By allowing its employee's to use "Segregation" as a means of controlling the movement and access of "SMI" inmates to mental health treatment
- f.) By allowing its employee's to recommend "Extended" and "Excessive" terms of segregation as a means of "Retaliation" for Plaintiff filing complaints and grievances against them for their non-treatment of Plaintiff

50. Wexford is liable for the actions of its employee's acting within the scope of their employment under state law,

51. Wexford, as a private corporation acting under color of state law, should additionally be held liable under 42 U.S.C. Sec. 1983 for the conduct of its employee's acting within the scope of their employment, see: Shield v. Ill. Dep't of Corr. 745 F.3d 782, 793-95 (7th Cir. 2014),

52. AS A direct and proximate result of one or more of the foregoing acts of deliberate indifference and/or Retaliation, Plaintiff was caused undue pain and suffering, disability and loss of normal life by the egregious and deliberate acts of Wexford's employee's and thereby deprived Plaintiff of his rights, privileges and immunities guaranteed by the Eighth and Fourteenth Amendments to the United States Constitution, specifically Plaintiff was subjected to cruel and unusual punishment.

WHEREFORE, Plaintiff respectfully requests this Court enter judgment in his favor and against Wexford Health Sources, Inc. for the acts of its employee's for an amount in excess of \$100,000.00 in compensatory and punitive damages, costs and attorney's fees as stated in Count-I and any other relief this Court deems just and appropriate.

COUNT-IV

42 U.S.C. § 1983- Denial of Due Process (Eighth and Fourteenth Amendments) Against "Hart", "Berry", "Best", "Acklin", "Williams" and "Baldwin".

53. Plaintiff adopts and incorporates paragraphs 1-52 herein by reference as if fully restated here.

54. As described more fully above, Defendants had notice of Plaintiff's serious mental health needs and the

Seriousness of those mental health needs, and defendants knew the risk of continuing the neglect in treatment and of the risk of continuing and immediate harm to plaintiff if he did not receive appropriate mental health treatment, thus, when plaintiff would act irrationally due to his mental illness and ask for a crisis member as instructed by the mental health professional "Dr. Kelly", when a staff member subjected plaintiff to an "offender disciplinary report", it was defendants responsibility to ensure plaintiff was seen by a mental health professional to determine if his severe mental illness contributed to the offense, and it was defendant's responsibility to contact requested witnesses at disciplinary proceedings, and defendant's failure to do so violated the plaintiff's due process rights under the Eighth and Fourteenth Amendments.

55. As a result of defendants unjustified and unconstitutional conduct, plaintiff has experienced and continues to suffer pain and injury.

56. The misconduct described in paragraphs 1-55 herein by defendant's was objectively unreasonable and was undertaken intentionally, with malice and/or with reckless indifference to plaintiff's rights.

57. Accordingly, in addition to money damages, plaintiff seeks injunctive relief from this court to stop the continuing constitutional violations and to provide due process and adequate mental health treatment.

56. Upon information and belief, the above-described widespread policies and practices, so well settled as to constitute de facto policy at STATEVILLE, were able to exist because Defendants were deliberately indifferent to the problems, effectively ratifying them. In this way, Defendant's violated Plaintiff's rights by maintaining policies and practices that were the moving force driving the foregoing constitutional violations.

57. Defendant's directly caused the very type of misconduct at issue in this case by failing to provide adequate training and supervision of healthcare and correctional employees. Further, Defendant's failure to adequately discipline prior instances of similar conduct directly caused the very misconduct at issue.

58. Defendant's continue to this day to refuse to provide plaintiff with constitutionally adequate mental health care and to comply with their expressed policies, despite their clear knowledge of plaintiff's serious mental illness and medical needs and their appreciation of risk of immediate and continuing harm that their refusal to act pose to plaintiff.

WHEREFORE, Plaintiff respectfully requests this Court enter judgment in his favor against defendants named above for compensatory and punitive damages in excess of \$100,000.00, and injunctive relief that the Court deems appropriate; and further order that defendant's pay for due attorney's fees and costs under the Civil Rights Statute and Federal Rules of Civil procedure, and any other relief this Court deems just and appropriate.

CLAIM - V

42 U.S.C. § 1983 (Eighth and Fourteenth Amendments) By
UNCONSTITUTIONAL LIVING CONDITIONS Against "Hunter", "Williams"
And Baldwin

59. Plaintiff Adopts and incorporates Paragraphs 1-58 herein by Reference as if fully restated herein.

60. As described more fully Above, Defendant's "Hunter", "Williams" and "Baldwin" had "Notice" of The unconstitutional Living Conditions that Plaintiff was subjected to, including but not limited to, exposure to "Black-mold", and other substances on the walls of his cell, including human excretions and food ejaculations, an infestation of Roaches, spiders and Kvats and other insects that affected Plaintiff's Breathing, swarmed his food and prevented sleep and had a direct effect on his mental health.

61. Defendant's subjected Plaintiff to well over a year to these unconstitutional Living Conditions, exposing Plaintiff to this "TOXIC ENVIRONMENT" known to cause cancer, and "respiratory problems" by prolonged exposure, and defendant's were deliberately indifferent to Plaintiff's serious medical and mental health needs, and defendant's "inaction" was undertaken intentionally, with malice and/or with reckless indifference to Plaintiff's rights.

62. Plaintiff suffered injuries that were proximately caused by the deliberate acts of defendants, and total deliberate indifference and reckless disregard, Plaintiff was caused and continues to suffer undue pain, disability

and loss of a normal life. Plaintiff has been and continues to be deprived of rights, privileges and immunities guaranteed by the Eighth Amendment to the United States Constitution, specifically subjected to cruel and unusual punishment.

WHEREFORE, Plaintiff respectfully requests this Court enter Judgment in his favor and against defendants "Hunter", "Williams" and "Baldwin" for compensatory and punitive damages in excess of \$100,000,000, and order Injunctive Relief that the Court deems just and appropriate to correct the unconstitutional living conditions, and order defendants to pay due Attorney Fee's and costs under the Civil Rights Statutes and Federal Rules of Civil procedure, and grant any further Relief the Court deems just and appropriate.

Court - VI

42 U.S.C. § 1983 (Eighth Amendment) Claim of Retaliation Against "Larry", "Hart", "Conrad" and "Berry" for Filing Grievances Against them,

As well as other named Defendants

63. Plaintiff adopts and incorporates paragraphs 1-62 herein by reference as if fully restated here.

64. As described more fully above, Defendant's "Larry", "Hart", "Conrad", "Berry", "Best", "Acklin", "Hunter", and "Williams" engaged in conspiracy (or) individually in a clear pattern of "Retaliation" against Plaintiff for filing complaints and grievances against said defendants, including but not limited to invoking staff to write "Offender Disciplinary Reports" against Plaintiff for doing what "Dr. Kelly" informed Plaintiff to do, recommending "extended" and "Excessive" Segregation to wrongly punish Plaintiff

- in Retaliation For Filing Complaints To Their Superiors For Their deliberate Acts of Neglect and Failure To provide Mental Health Treatment.

65. Plaintiff suffered injuries due to the deliberate Acts of Malice and Misconduct in Retaliation By defendants, where defendants wrongly used Segregation and false disciplinary Reports to confine plaintiff to Segregation so that they could avoid contact with plaintiff and not Treat his "Severe Mental Illness" Medical Needs.

WHEREFORE Plaintiff Respectfully Requests This Court To enter Judgment in his Favor and Against Defendants For Compensatory and Punitive damages in excess of \$100,000,000, including Attorney's Fees and Costs and Any Further Relief The Court deems Just and Appropriate.

JURY Demand

Pursuant To Rule 38(b) of The Federal Rules of Civil Procedure, Donald Haywood Requests a Trial By Jury on All Claims and issues Triable By Jury.

Dated: This 17th day of March, 2016

Respectfully Submitted,

Donald Haywood R47947
Donald Haywood (SMI-IMMATE)
STATEVILLE Correctional Center
P.O. Box 112
Joliet, Illinois 60434

Russell Ainsworth
Steve Art
Ruth Z. Brown
Roshna Bala Keen
Vincenzo Field
Julie Goodwin
Sarah C. Grady
Gretchen E. Helfrich
Gayle Horn
Michael Kanovitz
Heather Lewis Donnell
Arthur Loevy
Jon Loevy

Telephone 312.243.5900
Facsimile 312.243.5902

LOEVY & LOEVY
ATTORNEYS AT LAW

312 N. May Street
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Chicago, Illinois 60607

Debra Loevy-Reyes
Elizabeth Mazur
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Scott Rauscher
Elliot Slosar
Rachel Steinback
Anand Swaminathan
Tara Thompson
Matthew V. Topic
Cindy Tsai
Daniel Twetten
Elizabeth Wang

Website www.loevy.com
Email loevylaw@loevy.com

July 6, 2015

CONFIDENTIAL LEGAL CORRESPONDENCE

Re: Your request for legal representation

To Whom It May Concern:

This letter is to inform you that after reviewing your file, we are unfortunately unable to take your case.

Please be advised that there are time limitations that govern the period in which a claim or lawsuit may be filed. Such time periods depend on the cause of action you may wish to pursue. However, we encourage you to follow up with other attorneys immediately to ensure that all legal rights are fully explored and protected.

We appreciate your decision to contact us, and wish you the best of luck in pursuing your claims.

Sincerely,

Loevy & Loevy

Paul B. Ankin
Howard H. Ankin
Telly J. Liapis
Scott G. Goldstein



Ankin Law Office LLC

162 West Grand Avenue
Chicago, Illinois 60654
T: 312.600.0000

Derek S. Lax
Jon M. Topolewski
Joshua E. Rudolphi

Justin R. Lewicky
Jill B. Wagner
Alexandra W. Sternberg
Melody Gomez
Liliana P. O'Shea

December 17, 2015

Mr. Donald Haywood
P.O. Box 112 #R42942
Stateville Corrections
Joliet, IL 60434

RE: Legal Inquiries

Dear Mr. Haywood:

This letter follows your inquiry to our office. We are confirming that our office did not accept your potential case and we are performing no legal work on your behalf. As a result, at no point have we undertaken an attorney/client relationship.

You should know that all cases are subject to time constraints which could bar a case if it is not brought in a timely manner. This is known in the law as a statute of limitations.

My office has not been able to fully consider the merits of your potential case or investigate and research the dates in which your potential case may expire. Accordingly, we have provided you with no opinions concerning the outcome of your potential case or the time in which you have to pursue it. You should act now if you are going to pursue your legal matter.

The telephone number for the Chicago Bar Association attorney referral service is (312)554-2000. The number for the Illinois State Bar Association attorney referral service is (217)525-5297.

Thank you for contacting us with your legal questions. There is never a charge to ask us a legal question. Enclosed is my business card in the event that you may need to call us in the future.

Very truly yours,

Howard H. Ankin

HHA/ih

www.ankinlaw.com

F: 312.346.8781

For inquiry law the choice is simple

CHICAGO LOS ANGELES NEW YORK WASHINGTON, DC

JENNER & BLOCK LLP

April 24, 2015

Donald Haywood
IDOC #: R47947
Stateville Correctional Center
P.O. Box 112
Joliet, IL 60434-0112

Dear Mr. Haywood:

I co-chair the pro bono committee at Jenner & Block. I received a copy of your letter requesting pro bono representation. However, after carefully reviewing your request, we have determined that Jenner & Block will not be able to represent you.

Each year Jenner & Block receives hundreds of requests for pro bono representation. Unfortunately, because of the tremendous volume of requests we receive, we are simply not able to undertake each one.

Sincerely,



Andrew W. Vail
Co-Chair, Pro Bono Committee



UPTOWN PEOPLE'S LAW CENTER
4413 NORTH SHERIDAN • CHICAGO, IL 60640
PHONE: 773.769.1411 • FAX: 773.769.2224

March 4, 2015

Privileged Legal Correspondence

Donald Haywood

R47947

Stateville Correctional Center

P. O. Box 112

Joliet, Illinois 60434

«City», «State» «Zip»

Re: Mental Health Treatment

Dear Mr. Haywood

We are writing you because you recently wrote us to complain about the treatment you are (or are not) receiving for your mental illness. We have received similar letters from dozens of other prisoners, from prisons throughout Illinois.

Because of all the letters we received on this issue, we have joined with Equip for Equality (a not-for-profit organization in Chicago, which focuses on the rights of people with disabilities), and two Chicago firms. To file a class action case challenging the way the Department, as a whole, deals with prisoners with mental illness. That case is currently pending in the United States District Court for the Central District of Illinois. While we have asked for class certification, the judge has not certified a class; therefore, at this time, it remains a case filed on behalf of several individuals. That case does not ask for damages for members of the class; it only asks that the Court enter an order changing the system as a whole.

We will not be able to bring a separate case on your behalf. If you feel you have claims for damages, you will have to pursue that separately. There are, of course, many deadlines, which must be met. While we have not investigated your case, and therefore can not give you advice about what the deadlines are in your particular matter, in general, you have to have exhausted all administrative remedies (even if you think it is pointless), including filing a timely appeal to the ARB in Springfield. In addition, the general statute of limitations for civil rights complaints in federal court are two (2) years. There are various exceptions to these rules, and we do not know whether they apply to you. However, you should not delay.

We thank you for sharing your information. Please keep us advised of any new developments. Without information from people like you, we would never have brought this case.

Sincerely,

Uptown People's Law Center

DENTONS

Harold C. Hirshman
Partner

harold.hirshman@dentons.com
D +1 312 876 8025

Salans FMC SNR Denton
dentons.com

Dentons US LLP
233 South Wacker Drive
Suite 7800
Chicago, IL 60606-6404 USA

T +1 312 876 8000
F +1 312 876 7934

January 26, 2015

Privileged Legal Correspondence/Do Not Open Except in Inmate's Presence

Donald Haywood, R47947
Stateville Correctional Center
P.O. Box 112
Joliet, IL 60434

Dear Mr. Haywood:

We wanted to let you know that we did receive and read your letter dated January 14, 2015 asking for assistance in a matter other than the *Rasho* class action. Unfortunately, because of our involvement in the *Rasho* matter, we are not able to represent you.

Sincerely,

Dentons US LLP



By:

Harold C. Hirshman

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

F125

Date: 11-27-14	Offender: Donald Haywood (Please Print)	ID#: R 47947
Present Facility: Stateville Correctional Center	Facility where grievance issue occurred: Stateville CC	
NATURE OF GRIEVANCE: <input type="checkbox"/> Personal Property <input type="checkbox"/> Mail Handling <input type="checkbox"/> Restoration of Good Time <input type="checkbox"/> ADA Disability Accommodation <input type="checkbox"/> Staff Conduct <input type="checkbox"/> Dietary <input checked="" type="checkbox"/> Medical Treatment <input type="checkbox"/> HIPAA <input type="checkbox"/> Other (specify): <u>Medical</u> <input type="checkbox"/> Transfer Denial by Facility <input type="checkbox"/> Transfer Denial by Transfer Coordinator <input checked="" type="checkbox"/> Other (specify): <u>Medical</u> <input type="checkbox"/> Disciplinary Report: _____ Date of Report: _____ Facility where issued: _____		
<p>Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.</p> <p>Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Chief Administrative Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Administrative Review Board, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.</p> <p>Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved): <u>On 11-17-14, I was taken to the hospital for a mental health check. I have not been seen in 28 months. I am going in 1 month. I have issues I need to talk to someone. It is very important. If she don't want to see me then she need to make my name to another person who have time.</u> </p> <p>Relief Requested: <u>I want to be seen by someone I don't care who it is. I agree with what Dr. Larry is saying to counselor Duivell. Today is the 18th and no one has saw me yesterday or the other day.</u></p> <p><input type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.</p> <p>Donald Haywood 47947 11-27-14 Offender's Signature ID Date (Continue on reverse side if necessary)</p>		

Counselor's Response (if applicable)	
Date Received: 11, 26, 14	<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility, send to Administrative Review Board, P.O. Box 1827 Springfield, IL 62794-9277
Response: <u>Dr. Larry responded on 11-17-14. Offender has been seen weekly by mental health as long as he's in seg. He was also seen on 11-17-14 and 12-2-14 by his new provider.</u> <u>Kim Duivell</u> <u>Kim Duivell</u> 12/17/14 Print Counselor's Name Counselor's Signature Date of Response	

EMERGENCY REVIEW	
Date Received: 1/1	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance. <input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
Chief Administrative Officer's Signature	Date

Distribution: Master File; Offender

Page 1 JAN 9 2015

DOC 0046 (8/2012)

Printed on Recycled Paper

Office Of Inmate Issues

(EXHIBIT 1)

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

8054

Distribution: Master File; Offender

Page 2

DOC 0048 (8/2011)

Printed on Recycled Paper

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO COMMITTED PERSON'S GRIEVANCE

F125

Grievance Officer's Report

Date Received: 12/18/14 Date of Review: 12/30/14 Grievance # (optional): 4298
 Committed Person: Donald Haywood ID#: R47947
 Nature of Grievance: Mental Health Issues

Facts Reviewed: Grievant claims on a grievance written 10/27/14 that he needs to be seen by mental health and has not been since for the past two and half months. He wants to see someone in mental health.

Per Counselor Duvall, Dr. Larry responded on 12/17/14, offender has been seen weekly by mental health as long as he is in segregation. He was also seen on 11/17/14 and 12/2/14 by his new provider.

Recommendation: No action as grievant appears to be receiving mental health care.

Anna McBee, CCT

Print Grievance Officer's Name

Grievance Officer's Signature

(Attach a copy of Committed Person's Grievance, including counselor's response if applicable)

Chief Administrative Officer's Response

Date Received: 12/30/14 ☒ I concur ☐ I do not concur ☐ Remand

Comments:

Chief Administrative Officer's Signature

Date

Committed Person's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62704-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)

Committed Person's Signature

RECEIVED R47947

1-8-15

JAN 9 2015

ID#

Date

Distribution: Master File, Committed Person

Office Of Inmate Issues
Page 1

Printed on Recycled Paper

DOC 0047 (Rev. 10/2001)
(Replaces DOC 5057)

(EXHIBIT 'B')



Illinois
Department of
Corrections

BRUCE RAUNER
Governor

GLADYSE C. TAYLOR
Acting Director

1301 Concordia Court / P.O. Box 19277 / Springfield IL 62794-9277 / Telephone: (217) 558-2200 / TDD: (800) 526-0844

Offender Name: Haywood Donald

Date: 7/20-15

Register # R 47947

Facility: Stateville

This is in response to your grievance received on 1/9-15. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your issue regarding: Grievance dated: 10/27-14 Grievance Number: 4298 Griev Loc: Stateville

☐ Transfer denied by the Facility or Transfer Coordinator

☐ Commissary

☐ Dietary

☐ Trust Fund

☐ Personal Property

☐ Conditions (cell conditions, cleaning supplies)

☐ Mailroom/Publications

☐ Disciplinary Report dated

☐ Assignment (job, cell)

☐ Incident #

☒ Other: Medical-allege not seen by mental health for 2 1/2 months

Based on a review of all available information, this office has determined your grievance to be:

☐ Affirmed, Warden _____ is advised to provide a written response of corrective action to this office by _____.

☐ Denied as the facility is following the procedures outlined in DR525.

☐ Denied, in accordance with DR504F, this is an administrative decision.

☐ Denied as Cell Assignment/Housing is consistent with the Department's determination of the appropriate Operational capacity of each facility.

☒ Denied, this office finds the issue was appropriately addressed by the facility Administration.

☐ Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/for an assignment.

☐ Denied in accordance with AD05.03.103A (Monetary Compensation for Inmate Assignments)

☐ Denied as this office finds no violation of the offender's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offender committed the offense cited in the report.

☐ Denied, as the transfer denial by the facility/TCO on _____ was reviewed in accordance with transfer procedures and is an administrative decision.

☐ Denied as the security staff are following the established schedule for dispensing cleaning supplies to the offender when possible.

☐ In addition, property items are to be disposed of in accordance with DR501C.

☒ Other: Offender's grievance was addressed appropriately by Dr. Larry

FOR THE BOARD: Billie W. Greer
Billie W. Greer
Administrative Review Board

CONCURRED: Gladys Taylor
Gladys C. Taylor
Acting Director
7/28/15

CC: Warden, Stateville Correctional Center
Haywood Donald, Register No. R 47947

(EXHIBIT C)

1716/1-54

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender Disciplinary Report
 STATEVILLE CORR CENTER
 Facility

Date: JUNE 12, 2015

Type of Report:
☒ Disciplinary ☐ Investigative
Offender Name: HAYWOOD, DONALDID #: R47947
 Observation Date: 6/11/2015 Approximate Time: 6:30 ☐ a.m. ☒ p.m. Location: UNIT F
Offense(s): DR 504: 303: GIVING FALSE INFORMATION TO AN EMPLOYEE 310: ABUSE OF PRIVILEGES
 (Offender Handbook p #43 Section H- Mental Health Services)

Observation: (NOTE: Each offense identified above must be substantiated.) ON THE ABOVE DATE AND APPROXIMATE TIME THE FOLLOWING INCIDENT OCCURRED/OBSERVED—THIS REPORTING LIEUTENANT WAS INFORMED BY SGT. HOUSTON THAT OFFENDER HAYWOOD R47947 HAD EXPRESSED VERBAL THOUGHTS OF HARMING HIMSELF AND WAS REQUESTING A CRISIS TEAM MEMBER. AS THIS LIEUTENANT WAS INTERVIEWING HAYWOOD HE (HAYWOOD) STATED TO THIS REPORTING LIEUTENANT THAT HE WANTED TO SEE A MED-TECH CONCERNING AN ONGING MEDICAL ISSUE. OFFENDER HAYWOOD STATED THAT HE HAD BEEN REQUESTING A MED-TECH SINCE 11:00AM AND THAT THE 7-3 SHIFT STAFF HAD IGNORED HIS REQUEST. THIS REPORTING LIEUTENANT ASKED OFFENDER HAYWOOD IF HE WAS THINKING OF HARMING HIMSELF OR ANYONE ELSE. OFFENDER HAYWOOD DENIED THAT HE WAS THINKING OF HARMING HIMSELF OR ANYONE ELSE. OFFENDER HAYWOOD THEN DENIED THAT HE HAD TOLD SGT. HOUSTON THAT HE WAS THINKING OF HARMING HIMSELF OR ANYONE ELSE. HAYWOOD WAS ATTEMPTING TO SEE A MED-TECH BY USING A CRISIS TEAM MEMBER. HAYWOOD IDENTIFIED BY INSTITUTIONAL GRAPHIC'S PHOTO. REPORT STANDS AS WRITTEN. END OF REPORT

☐ Check if Offender Disciplinary Continuation Page, DOC 0317, is attached to describe additional facts, observations or witnesses.

LT. J. BERRY K3-72	2528	<i>[Signature]</i>	6/12/2015	8:00	<input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.
Reporting Employee (Print Name)	Badge #	Signature	Date	Time	

Disciplinary Action:
 Shift Review: ☐ Temporary Confinement ☐ Investigative Status Reasons: _____

 Printed Name and Badge # _____ Shift Supervisor's Signature _____ Date _____
 (For Transition Centers, Chief Administrative Officer)

 Reviewing Officer's Decision: ☐ Confinement reviewed by Reviewing Officer Comment: _____

☒ Major Infraction, submitted for Hearing Investigator, if necessary and to Adjustment Committee

☐ Minor Infraction, submitted to Program Unit

 Print Reviewing Officer's Name and Badge # LT. J. Berry 2528 Reviewing Officer's Signature *[Signature]* Date 6/12/15
☒ Hearing Investigator's Review Required (Adult Corrections Facility Major Reports Only):

 Print Hearing Investigator's Name and Badge # F. M. L. 5258 Hearing Investigator's Signature *[Signature]* Date 6/13/15
Procedures Applicable to all Hearings on Investigative and Disciplinary Reports

You have the right to appear and present a written or oral statement or explanation concerning the charges. You may present relevant physical material such as records or documents.

Procedures Applicable to Hearings Conducted by the Adjustment Committee on Disciplinary Reports

You may ask that witnesses be interviewed and, if necessary and relevant, they may be called to testify during your hearing. You may ask that witnesses be questioned along lines you suggest. You must indicate in advance of the hearing the witnesses you wish to have interviewed and specify what they could testify to by filling out the appropriate space on this form, tearing it off, and returning it to the Adjustment Committee. You may have staff assistance if you are unable to prepare a defense. You may request a reasonable extension of time to prepare for your hearing.

☒ Check if offender refused to sign

Offender's Signature <u>F. M. L.</u>	Offender's ID# <u>5258</u>	Signature <i>[Signature]</i>	ID# <u>5258</u>
Serving Employee (Print Name)	Badge #	Signature	ID#
Date Served <u>6/13/15</u>	Time Served <u>9:30 a.m.</u>		

☐ I hereby agree to waive 24-hour notice of charges prior to the disciplinary hearing.

Offender's Signature

ID#

(Detach and Return to the Adjustment Committee or Program Unit Prior to the Hearing)

Date of Disciplinary Report

Print offender's name

ID#

I am requesting that the Adjustment Committee or Program Unit consider calling the following witnesses regarding the Disciplinary Report of the above date:

Print Name of witness	Witness badge or ID#	Assigned Cell (if applicable)	Title (if applicable)
-----------------------	----------------------	-------------------------------	-----------------------

Witness can testify to: _____

Print Name of witness	Witness badge or ID#	Assigned Cell (if applicable)	Title (if applicable)
-----------------------	----------------------	-------------------------------	-----------------------

Witness can testify to: _____

 Distribution: Master File
 Offender
 Facility (2)

 Page 1 of 1
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DOC 0317 (Rev. 2/2007)

(EXHIBIT D)

 RECEIVED
 JUL 24 2015
 ADMINISTRATIVE
 REVIEW BOARD

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

Date: <u>6-26-2015</u>	Offender: (Please Print) <u>Mr. Donald Haywood</u>	ID#: <u>R47947</u>
Present Facility: <u>Stateville C.C.</u>	Facility where grievance issue occurred: <u>Stateville C.C.</u>	

NATURE OF GRIEVANCE:

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> ADA Discrimination
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input type="checkbox"/> Other (specify):	

☒ Disciplinary Report: 6/11/2015 Stateville Correctional Center
Date of Report Facility where issued

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
 Chief Administrative Officer, only if EMERGENCY grievance.
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

This grievance is in accordance with 20 Ill. Admin. Code 504.60 when a SMI offender is the subject of an disciplinary report the Adjustment Committee is to contact the SMI offender MHP (mental health provider) immediately and not after hearing.

Now on or around about 6-11-2015 grievant requested to Sgt. Houston that he needs to see a crisis team because grievant is feeling helpless and hopeless. Now shortly after grievant request Lt Jason Berry came

Relief Requested: 1) That the ticket be expunged immediately
2) That the Adjustment Committee Chairperson be trained in and/or at what exactly "constitute" a crisis team and its purpose

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Donald Haywood R47947 6/26/2015
Offender's Signature ID# Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)	
Date Received: <u>7/1/2015</u>	<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: _____	
<div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 150px;"> RECEIVED JUL 24 2015 ADMINISTRATIVE REVIEW BOARD </div>	
Print Counselor's Name: _____	Counselor's Signature: _____ Date of Response: <u>7/1/2015</u>

EMERGENCY REVIEW	
Date Received: <u>7/1/2015</u>	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance
	<input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
Chief Administrative Officer's Signature: _____	Date: <u>7/1/2015</u>

(EXHIBIT E)

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

to talk with grievant and he asked grievant "what's going on with you" and grievant told Lt. Berry that he was feeling helpless and hopeless because no one would help grievant get seen by the medical staff for his injuries he sustained when he fell down the stair and because of the staff attitude toward grievant, grievant was feeling sullen and dejected. Lt. Berry "that's not what Sgt. Houston told me," so you're not feeling like you wanna harm yourself or others"? because all that other stuff you're talking about you need to take that up with your psych doctor. Now as a end result Lt. Berry wrote grievant a ticket for giving false information. Now grievant never ever lied to Lt. Berry in fact if grievant lied then Sgt. Houston should had wrote the ticket since it was in fact "he" who told Lt. Berry that grievant felt like harming himself or someone else. Furthermore Lt. Charles Best the Adjust-Ment Committee Chair person era in his finding grievant guilty when in fact Lt. Best never ever ask grievant "exactly" what did grievant say to Lt. Berry. Furthermore Lt. Best never ever specifies whom from mental health he spoke with because grievant MHP specifically advised grievant that due to his mental issue try to reframe from snapping out and/or doing something irrational and if for any reason that grievant start to feel sullen, dejected or very depressed ask for a crisis team or someone to talk to. Now when grievant done just that his whole purpose and reasoning was manipulated and his words was fabricated because all grievant said to Sgt. Houston was that he was feeling helpless and hopeless, the very same thing he told Lt. Berry. So for the above forementioned action grievant request that the ticket be expunged immediately."

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO COMMITTED PERSON'S GRIEVANCE

F125

Grievance Officer's Report		
Date Received: <u>6/8/15</u>	Date of Review: <u>7/10/15</u>	Grievance # (optional): <u>2747</u>
Committed Person: <u>Donald Haywood</u>		ID#: <u>R47947</u>
Nature of Grievance: <u>DR - 201501716/1-STA</u>		
<p>Facts Reviewed: Grievant was issued a DR for 303 and 310 on 6/11/15 and was found guilty and received one month c grade and commissary restriction. He wants the disciplinary report expunged.</p>		
<p>Grievance Officer finds that DR was reviewed and determined by the Adjustment Committee that they are reasonably satisfied of the offender's guilt. Grievance Officer cannot substantiate the incident occurred any other way than reported. DR upheld, disciplinary sanctions and procedures imposed are within max capacity.</p>		
<p>Recommendation: Based upon a total review of all available information, it is recommended that grievance be DENIED. Unable to substantiate this incident occurred any other way than reported.</p>		
<p>Anna McBee, CCII Print Grievance Officer's Name (Attach a copy of Committed Person's Grievance, including counselor's response if applicable)</p>		<p><i>Anna McBee</i> Grievance Officer's Signature</p>

Chief Administrative Officer's Response	
Date Received: <u>7/9/15</u>	<input checked="" type="checkbox"/> I concur <input type="checkbox"/> I do not concur <input type="checkbox"/> Remand
<p>Comments:</p>	
<p><i>Tony Williams</i> Chief Administrative Officer's Signature</p>	
<p><u>7/10/15</u> Date</p>	

Committed Person's Appeal To The Director		
<p>I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)</p>		
<p><i>Donald Haywood</i> Committed Person's Signature</p>	<p><u>R47947</u> ID#</p>	<p><u>7-14-15</u> Date</p>

Distribution: Master File, Committed Person

(Page 1)

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DOC 0047 (Eff. 10/2001)
(Replaces DC 5057)

(EXHIBIT-F)

Bruce Rauner
Governor



John Baldwin
Acting Director

The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

Offender Name: Haywood, Donald

Date: 2-8-14

Register # 247947

Facility: Stateville

This is in response to your grievance received on 7-24-15. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your issue regarding: Grievance dated: 6-30-15 Grievance Number: 2747 Griev Loc: 5A

- ☐ Transfer denied by the Facility or Transfer Coordinator
- ☐ Dietary
- ☐ Personal Property
- ☐ Mailroom/Publications
- ☐ Assignment (job, cell)

- ☐ Commissary
- ☐ Trust Fund
- ☐ Conditions (cell conditions, cleaning supplies)
- ☒ Disciplinary Report dated 6-11-15
Incident # 201501714
- ☐ Other

Based on a review of all available information, this office has determined your grievance to be:

- ☐ Affirmed, Warden _____ is advised to provide a written response of corrective action to this office by _____.
- ☐ Denied, in accordance with DR504F, this is an administrative decision.
- ☐ Denied, this office finds the issue was appropriately addressed by the facility Administration.
- ☐ Denied in accordance with AD05.03.103A (Monetary Compensation for Inmate Assignments)
- ☐ Denied, as the transfer denial by the facility/TCO on _____ was reviewed in accordance with transfer procedures and is an administrative decision.
- ☐ Denied as the facility is following the procedures outlined in DR525.
- ☐ Denied as Cell Assignment/Housing is consistent with the Department's determination of the appropriate Operational capacity of each facility.
- ☐ Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/for an assignment.
- ☒ Denied as this office finds no violation of the offender's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offender committed the offense cited in the report.

Other: Requests for MH services may be made at any time however giving false information is not appropriate

FOR THE BOARD: [Signature]
Terri Anderson
Administrative Review Board

CONCURRED: [Signature]
John R. Baldwin
Acting Director

CC: Warden, Stateville Correctional Center Haywood
Register No. 247947

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.



Illinois
Department of
Corrections

Bruce Rauner
Governor

Gladys C. Taylor
Acting Director

Stateville Correctional Center
Route 53, P.O. Box 112
Joliet, IL 60434

Telephone: (815) 727 -3607
TDD: (800) 526-0844

Date: 6-30-15

To: Administration

From: CCII Duvall ext. 5545

Subject: Emergency grievance

Please be advised, grievant D. Haywood R47947 brought this grievance to CCII in person following a legal call. Grievance was discussed. CCII Duvall took the grievance directly to Major Hunter in F-house following conversation with grievant. Major Hunter assured CCII a work order would be submitted immediately to have maintenance look at the walls.

(EXHIBIT H)

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

F344

1052

Date: 7-21-15 Offender: (Please Print) Donald Haywood ID#: R47947

Present Facility: Stateville CC Facility where grievance issue occurred: Stateville CC

NATURE OF GRIEVANCE:

☐ Personal Property ☐ Mail Handling ☐ Restoration of Good Time ☐ ADA Disability Accommodation

☒ Staff Conduct ☐ Dietary ☐ Medical Treatment ☐ HIPAA

☐ Transfer Denial by Facility ☐ Transfer Denial by Transfer Coordinator ☒ Other (specify): Conditions

☐ Disciplinary Report: _____ Date of Report: _____

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Showdown Record, etc.) and send to:
Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
Chief Administrative Officer, only if EMERGENCY grievances.
Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

This grievance is in accordance with the American Correctional Association (ACA) and the National Commission on Correctional Health-Care as well as in accordance with the 2011 Illinois Administrative Code pertaining to health and sanitation.

This is an ongoing problem thereby grievant is going to reference the initial date of the issues in which grievant is grievancing and has been grievancing to present to give this grievance office an idea of just how long grievant has been complaining about this issues without

Writer Requested: _____

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Donald Haywood R47947 7-21-15
Offender's Signature ID# Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)

Date Received: 7-31-15 ☐ Send directly to Grievance Officer ☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277

Response: By offender's own admission in body of grievance this is a duplicate grievance. Offender should wait for an answer on the original, then forward it, second time.

Kim Duwall Duwall 8-9-15
Print Counselor's Name Counselor's Signature Date of Response

EMERGENCY REVIEW

Date Received: _____ Is this determined to be of an emergency nature? ☐ Yes; expedite emergency grievance ☐ No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.

Chief Administrative Officer's Signature _____ Date _____

(EXHIBIT 'I')

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

any redress whatsoever.

Now on or around 7-31-2014 grievant was moved from B-House to F-House Segregation #cell 125 where grievant has been to present date. Now upon moving into cell #125 it was very filthy, the paint is chipped and/or peeling thus giving off a black mold. There is food excrement and other waste excreted on and/or within the walls and ceilings. The lighting fixture is leaking some unknown fluid out of it. Now grievant has been complaining about these conditions from the above forementioned initial date up until present date via grievances for which has been a year to present date and still grievant has yet to get any redress or relief for. Also grievant has constantly contended that these filthy conditions caused and/or contribute to the ingestion of roaches, spiders, knots, and other insects which damage grievant food and infect grievant food, thus making it difficult to sleep for grievant which as a result of, has a disturbing effect on grievant mental well-being. Furthermore grievant further allege that the mental health care is grossly inadequate. What mental health services that are provided in Segregation confinement generally takes place at prisoners' cell door within hearing of other inmates and correctional officers or in a more private setting where as again it's within hearing of other inmates and correctional officers when walk pass the more private area, thus as a direct and proximate result prisoners, particular myself, are reluctant to tell the Mental Health Professional (MHP) anything of substance pertaining to or regarding their mental issues and problems, thus when accompanied by the isolation and idleness of Segregation, and combined with the filthy cells, poor hygiene, poor sanitation, and the extremely loud noise of the more extremely psychotic prisoners, it creates a non-conducive and toxic environment for grievant mental health, thus allowing grievant to suffer as a direct result, a sleep deprivation from all of the "interruption" and constant screaming, yelling, and banging on the cell doors all night by the severely psychotic prisoners housed in Segregation. Furthermore grievant has developed a skin rash from living in such uncleanliness and unsanitary condition for which has caused a physical injury to grievant body, leaving scratching his itchy body where as

2052

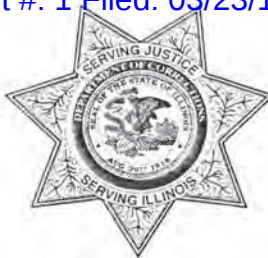
sores has appeared on my body.

So due to the nefarious and egregious conditions grievant has been and is still being subjected to grievant needs this grievance system to intervene and protect him Major Hunter, Lt. Brown, and acting sergeants C/o. Brewer and C/o. Williams collusion and gratuitous conduct and actions in failing to take the appropriate corrective measures to ensure that grievant is free from cruel and unusual punishment, pain and suffering, and/or deliberate indifference.

Relief Requested

- 1) That grievant receive compensatory and punitive damages per each day he suffer and/or were subjected to these conditions which is a total of one year
- 2) To be released from segregation "immediately"
- 3) To be free from the filthy and pest and insect infested cell.
- 4) To be treated in a private setting when receiving any type of mental health treatment.

Bruce Rauner
Governor



John Baldwin
Acting Director

(1)

The Illinois Department of Corrections

Stateville Correctional Center
Route 53, P.O. Box 112 • Joliet, IL 60434 • (815) 727-3607 TDD: (800) 526-0844

MEMORANDUM

DATE: January 14, 2016
TO: Donald Haywood - R47947
Unit B-10-14
FROM: Anna McBee, Correctional Counselor II
Grievance Officer
SUBJECT: Grievance #3420

The attached grievance is being returned for the following reason:

- ☐ It needs to be rewritten and submitted to your counselor on the attached IDOC Offender's Grievance form.
- ☐ It was not filed within 60 days of discovery of the incident, occurrence, or problem which gives rise to the grievance as required in DR 504F, Grievance Procedures for Committed Persons.
- ☐ Issue needs to be discussed with your counselor for possible resolution.
- ☐ No issue outlined in grievance.
- ☐ It appears that no attempt has been made to resolve the issue as required by DR 504F.
- ☐ Issue is currently being reviewed by the Office. *You will receive a copy of the Grievance and decision when it is completed.
- ☐ Issue previously addressed on. No justification for further action.
- ☒ Other: As stated in the body of your grievance, you state you filed a previous grievance about this issue. Please wait to receive a response from the initial grievance.

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

(EXHIBIT "J")

STATE OF ILLINOIS -- DEPARTMENT OF CORRECTIONS

ADJUSTMENT COMMITTEE

FINAL SUMMARY REPORT

Name: HAYWOOD, DONALD

IDOC Number: R47947

Race: BLK

Hearing Date/Time: 6/16/2015 08:49 AM

Living Unit: STA-F-01-25

Orientation Status: N/A

Incident Number: 201501716/1 - STA

Status: Final

Date	Ticket #	Incident Officer	Location	Time
6/11/2015	201501716/1-STA	BERRY, JASON M	F HOUSE	06:30 PM

Offense	Violation	Final Result
303	Giving False Information To An Employee	Guilty
310	Abuse Of Privileges	Guilty

Witness Type	Witness ID	Witness Name	Witness Status
--------------	------------	--------------	----------------

No Witness Requested

RECORD OF PROCEEDINGS

Inmate Haywood R47947 present and DR read. Inmate Haywood R47947 pleads not guilty and states he was told by mental health that he can ask for a crisis team member whenever he has an issue.

BASIS FOR DECISION

R/LT was informed by Sgt Houston that inmate Haywood R47947 had expressed verbal thoughts of harming himself and was requesting a crisis team member. As R/LT was interviewing inmate Haywood R47947 he stated that he wanted to see a Med Tech concerning an ongoing medical issue. R/LT asked inmate Haywood R47947 if he was thinking about harming himself or anyone else. Inmate Haywood R47947 denied that he was thinking of harming himself or anyone else. Inmate Haywood R47947 attempted to see Med Tech by using a crisis team member.

Inmate Haywood R47947 identified by Institutional Graphics.

The committee is satisfied that inmate Haywood R47947 did in fact violate the charges cited.

DOC 0443 submitted by mental health indicates inmate Haywood R47947 mental illness did not contribute to his behavior and discipline is appropriate.

DISCIPLINARY ACTION (Consecutive to any priors)

RECOMMENDED

1 Months C Grade

Other : *SMI

1 Months Commissary Restriction

Basis for Discipline:NATURE OF OFFENSE

FINAL

1 Months C Grade

Other : *SMI

1 Months Commissary Restriction

Signatures

Hearing Committee

BEST, CHARLES F - Chair Person

06/16/15

BLK

Signature

Date

Race

ACKLIN, LAKEISHA V

06/16/15

BLK

Signature

Date

Race

Recommended Action Approved

Final Comments: N/A

RECEIVED
JUL 24 2015
ADMINISTRATIVE
100-100000000

(EXHIBIT "K")

STATE OF ILLINOIS -- DEPARTMENT OF CORRECTIONS

ADJUSTMENT COMMITTEE

FINAL SUMMARY REPORT

Name: HAYWOOD, DONALD

IDOC Number: R47947

Race: BLK

Hearing Date/Time: 6/16/2015 08:49 AM

Living Unit: STA-F-01-25

Orientation Status: N/A

Incident Number: 201501716/1 - STA

Status: Final

TARRY D WILLIAMS / LKS 6/22/2015

06/22/15

Chief Administrative Officer

Signature

Date

The committed person has the right to appeal an adverse decision through the grievance procedure established by Department Rule 504: Subpart F.

NICCOELLE E JACKSON

6/25/2015

09:00 AM

Employee Serving Copy to Committed Person

When Served - - Date and Time

RECEIVED
JUL 24 2015
ADMINISTRATIVE
REVIEW BOARD

ILLINOIS DEPARTMENT OF CORRECTIONS
MENTAL HEALTH DISCIPLINARY REVIEWOffender Name: Haywood, DonaldID#: R47947

Disciplinary notification received from Shift Commander: <u>6/15/15</u> Date	Facility: <u>STA</u>
Disciplinary Report (DOC 0317) received: <u>6/13/15</u> Date	<input type="checkbox"/> Sp/RTU <input checked="" type="checkbox"/> SEG <input type="checkbox"/> GP
Action: <input type="checkbox"/> Stay of continuance until further notice <input checked="" type="checkbox"/> Resume proceedings	<input type="checkbox"/> R&C <input type="checkbox"/> HCU <input type="checkbox"/> PC

Date and Time of Original Disciplinary Report (DOC 0317): 6/11/2015 630 ☐ a.m.
☒ p.m.

List Offense(s):

303: Giving false inform-
ation to employee310: Abuse of PrivilegesLevel of Care: ☐ Acute Inpatient ☐ Sub-acute Inpatient ☐ Sp/RTU ☒ Outpatient ☐ CrisisWas the offender on crisis watch at the time of offense? ☒ No ☐ YesIs the offender currently on crisis watch? ☒ No ☐ YesCurrent mental status: ☒ Stable ☐ Not StableMental Health Summary: It is this MHP's opinion that Offender's mental illness did not contribute to the underlying behavior of the offense for which the DOC 0317 was issued.It is this MHP's opinion that segregation status placement of this Offender is appropriate based on the Offender's mental health symptoms and needs.Please refer to the recommendations section of this form for specific recommendations regarding segregation time.

(EXHIBIT L)

Distribution: Master File

ILLINOIS DEPARTMENT OF CORRECTIONS
MENTAL HEALTH DISCIPLINARY REVIEWOffender Name: Haywood, DonaldID#: R47947Based on offender's mental health status and mental illness it is the reviewing MHP's **OPINION** that:

- | | No | Yes |
|---|-------------------------------------|--------------------------|
| • The offenders mental illness contributed to the behavior at issue and as reported on the DOC 0317' | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Confinement in segregation is likely to significantly impact the offender's mental health: | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • The offenders mental illness should be considered when imposing discipline (up to and including segregation): | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Recommendations:Proposed segregation term: 3 Months

- ☐ Consider reduced segregation time
- ☐ C-grade only recommended
- ☐ Recreation restriction recommended
- ☐ B-grade only recommended
- ☐ Good time revocation recommended
- ☐ Loss of privileges (identify): _____
- _____
- _____
- _____
- _____
- ☐ Other (identify): _____
- _____
- _____
- _____
- _____

Mental Health Review completed by:

Dr. C. Larry, Psy. D.
Name (Print)

Signature

MH Services Director
Title6/17/15
Date

STATE OF ILLINOIS -- DEPARTMENT OF CORRECTIONS

ADJUSTMENT COMMITTEE

FINAL SUMMARY REPORT

Name: HAYWOOD, DONALD IDOC Number: R47947 Race: BLK
Hearing Date/Time: 9/7/2015 08:26 AM Living Unit: STA-F-01-24 Orientation Status: N/A
Incident Number: 201502610/1 - STA Status: Final

Date	Ticket #	Incident Officer	Location	Time
9/1/2015	201502610/1-STA	MOLDOVAN, STUART N	HEALTH CARE UNIT	09:18 AM

Offense	Violation	Final Result
301	Fighting	Guilty
403	Disobeying A Direct Order	Guilty

Witness Type	Witness ID	Witness Name	Witness Status
--------------	------------	--------------	----------------

No Witness Requested

RECORD OF PROCEEDINGS

Inmate Haywood R47947 present and DR read. Inmate Haywood R47947 states he was fighting.

BASIS FOR DECISION

R/O observed inmate Haywood R47947 and inmate Frieson R58331 exchanging closed fist punches at each other striking each other in the face.

R/O gave inmate Haywood R47947 a direct order to stop fighting and he refused.

Inmate Haywood R47947 admits to guilt.

The committee is satisfied that inmate Haywood R47947 did in fact violate the charges cited.

DOC0443 submitted by mental health indicates inmate Haywood R47947 mental illness did not contribute to his behavior and discipline is appropriate.

DISCIPLINARY ACTION (Consecutive to any priors)

RECOMMENDED

1 Months C Grade
1 Months Segregation
Other : *SMI
1 Months Commissary Restriction

Basis for Discipline:NATURE OF OFFENSE

FINAL

1 Months C Grade
1 Months Segregation
Other : *SMI
1 Months Commissary Restriction

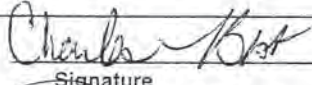
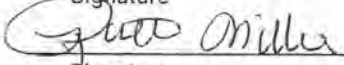
Signatures

Hearing Committee

BEST, CHARLES F - Chair Person

MILLER, RUTH

Recommended Action Approved

	09/07/15	BLK
Signature	Date	Race
	09/07/15	BLK
Signature	Date	Race

Final Comments: N/A

(EXHIBIT "M")

STATE OF ILLINOIS -- DEPARTMENT OF CORRECTIONS

ADJUSTMENT COMMITTEE
FINAL SUMMARY REPORT

Name: HAYWOOD, DONALD
Hearing Date/Time: 9/7/2015 08:26 AM
Incident Number: 201502610/1 - STA

IDOC Number: R47947
Living Unit: STA-F-01-24
Status: Final

Race: BLK
Orientation Status: N/A

NICHOLAS R LAMB / RT 9/9/2015

Chief Administrative Officer

Signature

09/09/15

Date

The committed person has the right to appeal an adverse decision through the grievance procedure established by Department Rule 504: Subpart F.

Employee Serving Copy to Committed Person

When Served -- Date and Time

ILLINOIS DEPARTMENT OF CORRECTIONS
MENTAL HEALTH DISCIPLINARY REVIEWOffender Name: Haywood, DonaldID#: R47947

Disciplinary notification received from Shift Commander: <u>9/3/15</u> Date	Facility: <u>STA</u>
Disciplinary Report (DOC 0317) received: <u>9/1/15</u> Date	<input type="checkbox"/> Sp/RTU <input type="checkbox"/> SEG <input checked="" type="checkbox"/> GP
Action: <input type="checkbox"/> Stay of continuance until further notice <input checked="" type="checkbox"/> Resume proceedings	<input type="checkbox"/> R&C <input type="checkbox"/> HCU <input type="checkbox"/> PC

Date and Time of Original Disciplinary Report (DOC 0317): 9/1/2015 1000 ☒ a.m.
☐ p.m.

List Offense(s):

301 Fighting403 Disobeying a DirectOrderLevel of Care: ☐ Acute Inpatient ☐ Sub-acute Inpatient ☐ Sp/RTU ☒ Outpatient ☐ CrisisWas the offender on crisis watch at the time of offense? ☒ No ☐ YesIs the offender currently on crisis watch? ☒ No ☐ YesCurrent mental status: ☒ Stable ☐ Not Stable

Mental Health Summary: : It is this MHP's opinion that the offender's mental illness did not contribute to the underlying behavior of the offense for which the DOC 0317 was issued.

It is this MHP's opinion that segregation status placement of this offender is appropriate based on the offender's mental health symptoms and needs.

(EXHIBIT "N")

ILLINOIS DEPARTMENT OF CORRECTIONS
MENTAL HEALTH DISCIPLINARY REVIEWOffender Name: Haywood, DonaldID#: R47947Based on offender's mental health status and mental illness it is the reviewing MHP's **OPINION** that:

- | | No | Yes |
|---|-------------------------------------|--------------------------|
| • The offenders mental illness contributed to the behavior at issue and as reported on the DOC 0317: | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Confinement in segregation is likely to significantly impact the offender's mental health: | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • The offenders mental illness should be considered when imposing discipline (up to and including segregation): | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Recommendations:Proposed segregation term: 3 months

- ☐ Consider reduced segregation time
- ☐ C-grade only recommended
- ☐ Recreation restriction recommended
- ☐ B-grade only recommended
- ☐ Good time revocation recommended
- ☐ Loss of privileges (identify): _____
- _____
- _____
- _____
- _____
- ☐ Other (identify): _____
- _____
- _____
- _____
- _____
- _____

Mental Health Review completed by:

Beth A Hart, LCSW
Name (Print)
SignatureSocial Worker 3
Title9/4/15
Date

Mental Health Supervisor
Stateville Correctional Center
and
Warden of Programs

MR. Donald Haywood #R47947
Stateville Correctional Center
P.O. Box 112
Joliet, IL 60434

Date: January 6th, 2016

RE: Written Grievance/Complaint
Regarding MHP Unprofessional
Conduct and Arbitrary Actions.

This complaint is Regarding the Acts, Omissions, and Conduct of Mental Health Counselor MS. Conrad deliberate indifference towards my serious mental health condition and treatment at Stateville Correctional Center. I First met DR. Conrad on 12-1-15 I think? Before that I had not been seen by anyone in Months. When I saw MS. Conrad and Ask her to see me. she told me that Everytime she see me I have a ISSUE. Then on that same day I Explain to her that I fear for my life around these nurses that bring me my MED's. In fact I told her and one of the supervisors and Beth Hart what nurse windy ~~she~~ told me. she told me that none of what I'm saying have anything to do with her. I Explain to her that being my Doctor she suppose to have my best interest at hart. But she said that windy them is her friend. And the fact of the matter is she is Chosing Friendship ~~she~~ over her job and, told me that she going to D.C. My Mental Health Medical Meds, I don't feel right talking to her because I feel she more worry about being friends with the officers and nurses then doing her job. In fact MS. Conrad is her self, the proximate and direct trigger point to my mental illness through her acts, omissions and conduct there by leaving me not only not wanting to deal with her in any capacity but also leaving me to feel helpless, hopeless, sulen and dejected, which is Cruel ~~and~~ and unusual punishment, mental pain and

(EXHIBIT - "C")

Suffering, which is deliberate indifference to my serious and very Real Mental Illness and Issues, I am dealing with as far as medical go. She (MS. Conrad) told me that Medical issue don't have anything to do with her at all, I Explain to her that I feel she should tell her Boss who will go to talk to the Head Nurses over all the nurses. But in Every other word she told me to take my meds from them Nurse and don't worry about the fact that they told me (I wrote a Grievance on them and they can do anything to my Meds.). I feel like NONE of these mental help Doctor's are for my best Interest, for one starting from the top yall Ask that I get the max seg time on each tick it I got and lied and to me it was (Ms. Cheshareck) when in fact it was 1. Briget Lanktree, Beth Hart, And the new Psychogist Administrator and chairperson for SMI Committee, ~~It is not~~ Dr. Larry. If I can't trust the people who is suppose to have my Back then what am I to do other then write her up to let yall know what's going. At this point I am taken Every Step and measure to Avail myself ~~the~~ Ms. Conrad Egregious and gratutious acts, omissions and conduct, now this Complaint/Written Grievance to you is my Last Resort For Recourse against mental health counselor MS. Conrad! so I am not going to see her no more so she have no Reason to send me a pass. I think these Doctors and nurses are trying to Kill me and now I think mental Health is playing a big Role in this as well, so I pray that this written grievance/Complaint does not fall on deaf Ears and that someone protect my Rights from these Doctor's in stateville as well and the fake mental Health Doctors who don't care about nothing other then making friends

with the police and telling our Business to them.
Now this Complaint/written grievance to you is my
Last Resort For Recourse against mental health counselor
CONRAD! SO I pray that this written grievance/complaint
does not fall on deaf EARS again and you protect
my rights from MS. Conrad in the form of
granting Relief Requested.

Requested Relief: To be Reassigned From MS CONRAD
Case load Immediately, 2) That I be seen by a board
Certified Psychologist 3) That I be Evaluated and/or
seen no later than Every 3 weeks as is afforded
to me by the Institution Directive 0404101-K3 (B)
(2)

Respectfully Requested
Donald Haywood R47947
13/ Donald Haywood
B-1014

Signed and sworn to be For me
on this 6th day of January Month
2016.

Karen Marie Rabideau
Notary Public



7-29-2019
My Commission Expires

DONALD Haywood R47941
B-1014

JANUARY 29TH, 2016

TO: WARDEN OF PROGRAMS

Dear Warden,

Today, I WAS ASSAULTED BY (SGT. GRANT) IN
FRONT OF (SEVERAL INMATES) AND (THE CAMERA) IN B-HOUSE,
THERE HAS BEEN 'NUMEROUS' EFFORTS TO RETALIATE AND
HARRASS ME IN THE LAST FEW WEEKS THAT LED-UP-TO
THIS SITUATION. -- I AM A (SMI) INMATE, AND
THE STAFF HAVE BEEN TRYING TO PROVOKE ME TO REACT
TO THEIR EFFORTS.

I HAVE BEEN "THREATENED" WITH "NUMEROUS TICKETS",
IF I "COMPLAIN", -- AS I REQUESTED A "CRISIS-TEAM" WHEN
I WAS "ASSAULTED" BECAUSE ONE OF MY PSYCHIATRIST
ONCE TOLD ME THAT IF I EVER GOT "STRESSED" TO ASK FOR
A "CRISIS-TEAM" BEFORE I REACTED, SO THAT'S WHAT I DID,

BUT WHEN I DID ASK FOR A "CRISIS-TEAM" - THEY ALSO
"THREATENED" TO WRITE ME A "TICKET" WHEN I WAS TRYING
TO RELAY WHAT HAD OCCURRED TO ME -- SO I HAVE NO
ONE TO REPORT THE ASSAULT TO EXCEPT TO (I.A.) ON THE
DAY SHIFT - I ALSO BELIEVE I WILL BE RETALIATED AGAINST
AS SOON AS I REPORT IT TO (I.A.). I WOULD ASK THAT YOU
(EXHIBIT "P")

Investigate this as soon as possible to "secure" the
"video" of the B-House cameras between 3:00 pm and
5:00 pm, (1-29-16). As I'm having my attorney to
request there review as well.

Donald Haywood
Donald Haywood R47947
B-1014

Subscribed and sworn to
before me on this date
February 2, 2016



Tyneer Butler-Winters

ILLINOIS DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SEGREGATION ROUNDS
STATEVILLE
Facility

MONTH / YEAR: AUGUST 2014

Date Segregation Began: _____

Offender Name: Haywood, Donald _____

ID#: R47947 _____

D.O.B.: 11/16/85 _____

Date Segregation Ended: _____

This form shall be maintained in the Mental Health Office for the current calendar month and shall be completed by a Mental Health Professional (MHP) once per week. Referrals shall be initiated in accordance with established procedures and Administrative Directives or the Mental Health Manual, as applicable. Upon completion of the calendar month, or transfer of an offender out of segregation, the completed form shall be filed in the offender's medical chart.

Date: Circle one: S M T <u>W</u> T F S 8/6/14	Time: 11:10 <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Housing Assignment: (Unit and Cell#) F 125	Cell Appearance <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor*	Actions and Remarks <input type="checkbox"/> Refer to Medical <input type="checkbox"/> Refer for Urgent or Emergency Mental Health <input type="checkbox"/> Mental Health Services Referral (DOC 0387) <input type="checkbox"/> Refer to Counselor (Identify): _____ <input checked="" type="checkbox"/> No action required
--	---	--	--	--

Does the offender report currently being on psychotropic medication?

☐ Yes ☒ NoNotes, Comments and Observations: Per direction from administration due to lockdown, seg rounds were unable to be completed within 7 days. Stable.

Completed by:

S. Cheshareck, LPC

Title (Print) OMHP

Signature 

Date 8/6/14

Date: Circle one: S M <u>T</u> W T F S 8/12/14	Time: 10:30 <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Housing Assignment: (Unit and Cell#) F 125	Cell Appearance <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor*	Actions and Remarks <input type="checkbox"/> Refer to Medical <input type="checkbox"/> Refer for Urgent or Emergency Mental Health <input type="checkbox"/> Mental Health Services Referral (DOC 0387) <input type="checkbox"/> Refer to Counselor (Identify): _____ <input checked="" type="checkbox"/> No action required
---	---	--	--	--

Does the offender report currently being on psychotropic medication?

☐ Yes ☒ NoNotes, Comments and Observations: Stable

Completed by:

B. Hart

Title (Print) LCSW

Signature 

Date 8/12/14

*To ensure adherence to health and sanitation standards, If cell appearance is indicated as "Poor", the Lieutenant assigned to the cell house shall be notified of the offenders name and housing location.

Distribution: Offender Medical File

(EXHIBIT "Q")

ILLINOIS DEPARTMENT OF CORRECTIONS
Evaluation of Suicide PotentialSTA
Facility

Date: 8/13/14

Offender Name: Haywood ID#: R47947 DOB: _____
Last, First, MI

Section I: Risk Factors

	Yes	No
1. Have there been reports that the offender may be at risk for suicide?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Has the offender experienced a significant loss within the previous six months?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• If yes, describe: _____		
3. Is the offender worried about any major problems other than his or her legal situation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• If yes, describe: _____		
4. If the offender holds a position of respect in the community, is he or she having difficulty adjusting to the loss of freedom, status or privilege?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Is this the offenders first involvement with the legal system?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• If yes, describe: _____		
6. Does the offender appear to feel unusually embarrassed or ashamed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Does the offender express feelings of hopelessness or helplessness?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Does the offender show signs of depression (i.e. crying, emotional flatness, etc.)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• If yes, describe: _____		
9. Does the offender seem overly anxious, afraid, or angry?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• If yes, describe: _____		
10. Is the offender acting or talking in a strange manner (e.g. cannot focus his or her attention, hallucinating, etc.)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• If yes, describe: _____		
11. Has the offender made previous suicide attempts?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• If yes:		
o How many attempts have been made previously? _____		
o Date and method of the most recent suicide attempt: _____		
12. Does the offender express thoughts of killing him or herself?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. Does the offender have a plan for suicide?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• If yes:		
o Describe: _____		
14. Does the offender have the means to carry out a suicide plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. Does the offender have a family member or significant other who has attempted or completed suicide?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• If yes:		
o What is the persons relationship to the offender? _____		
o Identify the date and method of the attempted or completed suicide: _____		

Calculate the total number of yes/no responses in each column: 0 15

D.O.B.: 11/16/85

Date: Circle one: S M <u>W</u> T F S 12/2/14 Mo./Day/Year	Time: 1:22	Housing Assignment: (Unit and Cell#) F 125	Cell Appearance <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor+	Actions and Remarks <input type="checkbox"/> Refer to Medical <input type="checkbox"/> Refer for Urgent or Emergency Mental Health <input type="checkbox"/> Mental Health Services Referral (DOC 0387) <input type="checkbox"/> Refer to Counselor (Identity): _____ <input checked="" type="checkbox"/> No action required
Does the offender report currently being on psychotropic medication? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Notes, Comments and Observations:				

12/2/14
Date

Date: Circle one: S M <u>T</u> W T F S December 9, 2014 Mo./Day/Year	Time: 1:30 p.m.	Housing Assignment: (Unit and Cell#) F 125	Cell Appearance <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor*	Actions and Remarks <input type="checkbox"/> Refer to Medical <input type="checkbox"/> Refer for Urgent or Emergency Mental Health <input type="checkbox"/> Mental Health Services Referral (DOC 0387) <input type="checkbox"/> Refer to Counselor (Identity): _____ <input checked="" type="checkbox"/> No action required
Does the offender report currently being on psychotropic medication?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Notes, Comments and Observations:				

12/9/14
Date

DOC 0380 (Rev. 6/2014)

ILLINOIS DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SEGREGATION ROUNDS
STATEVILLE
 Facility

MONTH / YEAR: DECEMBER 2014

Date Segregation Began: _____

Date Segregation Ended: _____

Offender Name: Haywood, Donald _____

ID#: R47947 _____

D.O.B.: 11/16/85 _____

This form shall be maintained in the Mental Health Office for the current calendar month and shall be completed by a Mental Health Professional (MHP) once per week. Referrals shall be initiated in accordance with established procedures and Administrative Directives or the Mental Health Manual, as applicable. Upon completion of the calendar month, or transfer of an offender out of segregation, the completed form shall be filed in the offender's medical chart.

Date: Circle one: S M <u>T</u> W T F S 12/30/14	Time: 1200	Housing Assignment: (Unit and Cell#) F 125	Cell Appearance <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor*	Actions and Remarks <input type="checkbox"/> Refer to Medical <input type="checkbox"/> Refer for Urgent or Emergency Mental Health <input type="checkbox"/> Mental Health Services Referral (DOC 0387) <input checked="" type="checkbox"/> No action required
Does the offender report currently being on psychotropic medication? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Notes, Comments and Observations: STABLE				
Completed by:				
Beth A Hart, LCSW		Social Worker 3		
Clinician Name (Print)	Title (Print)	Signature <i>Beth A Hart</i>		
		Date 12/30/14		

Date: Circle one: S M T W T F S	Time:	Housing Assignment: (Unit and Cell#)	Cell Appearance <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor*	Actions and Remarks <input type="checkbox"/> Refer to Medical <input type="checkbox"/> Refer for Urgent or Emergency Mental Health <input type="checkbox"/> Mental Health Services Referral (DOC 0387) <input type="checkbox"/> Refer to Counselor (Identity): <input type="checkbox"/> No action required
Does the offender report currently being on psychotropic medication? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Notes, Comments and Observations:				
Completed by:				
Clinician Name (Print)	Title (Print)	Signature _____		
		Date _____		

*To ensure adherence to health and sanitation standards, if cell appearance is indicated as "Poor", the Lieutenant assigned to the cell house shall be notified of the offenders name and housing location.

ILLINOIS DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SEGREGATION ROUNDS
STATEVILLE
 Facility

MONTH / YEAR: NOVEMBER 2014

Date Segregation Began: _____

Offender Name: Haywood, Donald _____

ID#: R47947 _____

Date Segregation Ended: _____

D.O.B.: 11/16/85 _____

This form shall be maintained in the Mental Health Office for the current calendar month and shall be completed by a Mental Health Professional (MHP) once per week. Referrals shall be initiated in accordance with established procedures and Administrative Directives or the Mental Health Manual, as applicable. Upon completion of the calendar month, or transfer of an offender out of segregation, the completed form shall be filed in the offender's medical chart.

Date: Circle one: S M <u>T</u> W T F S	Time: 1:00	Housing Assignment: (Unit and Cell#) F 125	Cell Appearance <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor*	Actions and Remarks <input type="checkbox"/> Refer to Medical <input type="checkbox"/> Refer for Urgent or Emergency Mental Health <input checked="" type="checkbox"/> Mental Health Services Referral (DOC 0387) <input type="checkbox"/> Refer to Counselor (Identity): _____ <input type="checkbox"/> No action required
Mo./Day/Year 11/4/14	a.m. <input type="checkbox"/> x p.m.			

Does the offender report currently being on psychotropic medication? ☒ Yes ☐ No

Notes, Comments and Observations: *Am requested to see Dr. Carfy. DOC0387 completed*

Completed by: _____
 L. Seeler, PsyD
 Clinician Name (Print) _____ Title (Print) Psychologist Signature *[Signature]* Date 11/4/14

Date: Circle one: S M <u>T</u> W T F S	Time: 9:30	Housing Assignment: (Unit and Cell#) F 125	Cell Appearance <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor*	Actions and Remarks <input type="checkbox"/> Refer to Medical <input type="checkbox"/> Refer for Urgent or Emergency Mental Health <input type="checkbox"/> Mental Health Services Referral (DOC 0387) <input type="checkbox"/> Refer to Counselor (Identity): _____ <input checked="" type="checkbox"/> No action required
Mo./Day/Year 11/11/14	a.m. <input checked="" type="checkbox"/> p.m.			

Does the offender report currently being on psychotropic medication? ☐ Yes ☒ No

Notes, Comments and Observations: *stable*

Completed by: _____
 B. Hart, LCSW
 Clinician Name (Print) _____ Social Worker 3 Title (Print) Signature *[Signature]* Date 11/11/14

*To ensure adherence to health and sanitation standards, if cell appearance is indicated as "Poor", the Lieutenant assigned to the cell house shall be notified of the offenders name and housing location.

ILLINOIS DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SEGREGATION ROUNDS
STATEVILLE
 Facility

MONTH / YEAR: SEPTEMBER 2014

Date Segregation Began: _____

Date Segregation Ended: _____

Offender Name: Haywood, Donald _____

ID#: R47947 _____

D.O.B.: 11/16/85 _____

This form shall be maintained in the Mental Health Office for the current calendar month and shall be completed by a Mental Health Professional (MHP) once per week. Referrals shall be initiated in accordance with established procedures and Administrative Directives or the Mental Health Manual, as applicable. Upon completion of the calendar month, or transfer of an offender out of segregation, the completed form shall be filed in the offender's medical chart.

Date: Circle one: S M <u>T</u> W T F S 9/2/14	Time: 10:00 AM	Housing Assignment: (Unit and Cell#) F 125	Cell Appearance <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor*	Actions and Remarks <input type="checkbox"/> Refer to Medical <input type="checkbox"/> Refer for Urgent or Emergency Mental Health <input type="checkbox"/> Mental Health Services Referral (DOC 0387) <input checked="" type="checkbox"/> No action required
Does the offender report currently being on psychotropic medication? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Notes, Comments and Observations: <u>Stable.</u>				

Completed by: _____

S. Cheshareck, LPC

QMHP

Title (Print)

Signature

Date 9/2/14

Date: Circle one: S M <u>T</u> W T F S 9/9/14	Time: 9:45 AM	Housing Assignment: (Unit and Cell#) F 125	Cell Appearance <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor*	Actions and Remarks <input type="checkbox"/> Refer to Medical <input type="checkbox"/> Refer for Urgent or Emergency Mental Health <input type="checkbox"/> Mental Health Services Referral (DOC 0387) <input checked="" type="checkbox"/> No action required
Does the offender report currently being on psychotropic medication? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Notes, Comments and Observations: <u>Stable</u>				

Completed by: _____

Beth A. Hart, LCSW

Social Worker 3

Title (Print)

Signature

Date 9/9/14

*To ensure adherence to health and sanitation standards, if cell appearance is indicated as "Poor", the Lieutenant assigned to the cell house shall be notified of the offenders name and housing location.

Distribution: Offender Medical File

ILLINOIS DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SEGREGATION ROUNDS
 STA

Facility

MONTH / YEAR: 09 / 14

Date Segregation Began: _____

Date Segregation Ended: _____

Offender Name: HAYWOOD, DONALDID#: R47947D.O.B.: 11-16-85

This form shall be maintained in the Mental Health Office for the current calendar month and shall be completed by a Mental Health Professional (MHP) once per week. Referrals shall be initiated in accordance with established procedures and Administrative Directives or the Mental Health Manual, as applicable. Upon completion of the calendar month, or transfer of an offender out of segregation, the completed form shall be filed in the offender's medical chart.

Date: Circle one: S M T W T F S <u>9-30-14</u>	Time: <u>10:30</u>	Housing Assignment: (Unit and Cell) <u>0125</u>	Cell Appearance <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor*	Actions and Remarks <input type="checkbox"/> Refer to Medical <input type="checkbox"/> Refer for Urgent or Emergency Mental Health <input type="checkbox"/> Mental Health Services Referral (DOC 0387) <input checked="" type="checkbox"/> No action required
Mo./Day/Year	<input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.			

Does the offender report currently being on psychotropic medication?

☐ Yes☐ NoNotes, Comments and Observations: N/A

Completed by:

S. LaffertyLCUB. Fortner9-30-14

Clinician Name (Print)

Title (Print)

Signature

Date

Date: Circle one: S M T W T F S <u>S M T W T F S</u>	Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Housing Assignment: (Unit and Cell)	Cell Appearance <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor*	Actions and Remarks <input type="checkbox"/> Refer to Medical <input type="checkbox"/> Refer for Urgent or Emergency Mental Health <input type="checkbox"/> Mental Health Services Referral (DOC 0387) <input type="checkbox"/> Refer to Counselor (Identify): <input type="checkbox"/> No action required
Mo./Day/Year				

Does the offender report currently being on psychotropic medication?

☐ Yes☐ No

Notes, Comments and Observations:

Completed by:

Clinician Name (Print)

Title (Print)

Signature

Date

*To ensure adherence to health and sanitation standards, if cell appearance is indicated as "Poor", the Lieutenant assigned to the cell house shall be notified of the offenders name and housing location.

ILLINOIS DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SEGREGATION ROUNDS
STATEVILLE
 Facility

Date Segregation Began: _____

Offender Name: Haywood, Donald _____

ID#: R47947 _____

Date Segregation Ended: _____

D.O.B.: 11/16/85 _____

MONTH / YEAR: _____ OCT 2014

This form shall be maintained in the Mental Health Office for the current calendar month and shall be completed by a Mental Health Professional (MHP) once per week. Referrals shall be initiated in accordance with established procedures and Administrative Directives or the Mental Health Manual, as applicable. Upon completion of the calendar month, or transfer of an offender out of segregation, the completed form shall be filed in the offender's medical chart.

Date: Circle one: S M T W T F S	Time: 10:00	Housing Assignment: (Unit and Cell#) F 125	Cell Appearance <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor*	Actions and Remarks <input type="checkbox"/> Refer to Medical <input type="checkbox"/> Refer for Urgent or Emergency Mental Health <input type="checkbox"/> Mental Health Services Referral (DOC 0387) <input type="checkbox"/> Refer to Counselor (Identify): _____ <input checked="" type="checkbox"/> No action required
Mo./Day/Year 10/7/14	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.			

Does the offender report currently being on psychotropic medication? ☐ Yes ☒ No

Notes, Comments and Observations: _____

Completed by: _____

Beth A Hart, LCSW

Clinician Name (Print)

Social Worker 3

Title (Print)

Signature _____

Date 10/7/14

Date: Circle one: S M T W T F S	Time: 10:30	Housing Assignment: (Unit and Cell#) F 125	Cell Appearance <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor*	Actions and Remarks <input type="checkbox"/> Refer to Medical <input type="checkbox"/> Refer for Urgent or Emergency Mental Health <input type="checkbox"/> Mental Health Services Referral (DOC 0387) <input type="checkbox"/> Refer to Counselor (Identify): _____ <input checked="" type="checkbox"/> No action required
Mo./Day/Year 10/14/14	<input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.			

Does the offender report currently being on psychotropic medication? ☐ Yes ☒ No

Notes, Comments and Observations: _____

Completed by: _____

S. LANTIERNAH

Clinician Name (Print)

LCW

Title (Print)

Signature _____

Date 10/14/14

*To ensure adherence to health and sanitation standards, If cell appearance is indicated as "Poor", the Lieutenant assigned to the cell house shall be notified of the offenders name and housing location.

Distribution: Offender Medical File

ILLINOIS DEPARTMENT OF CORRECTIONS
Evaluation of Suicide PotentialSTA
FacilityDate: 8/16/14Offender Name: Haywood, Donald
Last, First, MIID#: R47947

DOB: _____

Section I: Risk Factors

- | | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 1. Have there been reports that the offender may be at risk for suicide? _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Has the offender experienced a significant loss within the previous six months? _____
• If yes, describe: _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Is the offender worried about any major problems other than his or her legal situation? _____
• If yes, describe: _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. If the offender holds a position of respect in the community, is he or she having difficulty adjusting to the loss of freedom, status or privilege? _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Is this the offenders first involvement with the legal system? _____
• If yes, describe: _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Does the offender appear to feel unusually embarrassed or ashamed? _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. Does the offender express feelings of hopelessness or helplessness? _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. Does the offender show signs of depression (i.e. crying, emotional flatness, etc.)? _____
• If yes, describe: _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. Does the offender seem overly anxious, afraid, or <u>angry</u> ? _____
• If yes, describe: <u>Upset about being in seg.</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Is the offender acting or talking in a strange manner (e.g. cannot focus his or her attention, hallucinating, etc.)? _____
• If yes, describe: _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. Has the offender made previous suicide attempts? _____
• If yes:
o How many attempts have been made previously? _____
o Date and method of the most recent suicide attempt:
<u>"When I was in Menard, took a whole bunch of pills"</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Does the offender express thoughts of killing him or herself? _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. Does the offender have a plan for suicide? _____
• If yes:
o Describe: _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14. Does the offender have the means to carry out a suicide plan? _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15. Does the offender have a family member or significant other who has attempted or completed suicide? _____
• If yes:
o What is the persons relationship to the offender? _____
o Identify the date and method of the attempted or completed suicide: _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Calculate the total number of yes/no responses in each column:

2 13

Court: 4-1-14

Arrest: 5-27-14

ILLINOIS DEPARTMENT OF CORRECTIONS
MENTAL HEALTH PROGRESS NOTE

F125

NIMS no T.O.P.

Offender Name: HAYWOOD, RONALDID#: R47947DOB: 11-16-85

Last, First, MI

S = subjective, offender self-report of presenting problem; O = objective, clinician view of presenting problem;
A = assessment, clinician assessment of offender; P = plan, current plan, link to treatment planSession Date/Time: 8-19-14 / 10:15Session Duration: 1/4 hrAppearance:
Behavior:
Mood:
Affect:☒ Appropriate
☒ Appropriate
☒ Appropriate
☒ Appropriate☐ Inappropriate
☐ Inappropriate
☐ Inappropriate
☐ InappropriateConcentration:
Memory:
Speech:
Thoughts:☒ Appropriate
☒ Appropriate
☒ Appropriate
☒ Appropriate☐ Inappropriate
☐ Inappropriate
☐ Inappropriate
☐ Inappropriate

Subjective, Objective, Assessment

S- NDM, see SI, HI, VH,
① AH ② RACID① Mood swings, racing thoughts, sleep 7-8"
② Depression "20" on 0-10Think of doing something wrong but don't do itYMMI- Divulproate 500mg QM + 1000mg QM
Risperidol 3mg QM
Vistaril 100mg QM

Complications- Prozac 20mg QM

① Compulsions daily

F/R- none

Allergies- NKDA

Measurements- ASTHMA

LAB TEST RESULTS- 6-10-14 no no 7130 52.3Hx- Obscure not manic/depressed
psychotic Avoids eye contact
No SI, HI I/S limited - I/c intact

I- Bipolar disorder = PSYCHOTIC SYMPTOMS

II- DepressedIII- Hx ASTHMAIV- circumstancesV- 78

Plan

On Aug 19 - want to gain cell by self,
want out of STG want TH want
med tests looked at - any prozac - MHP
no - single cell request.
I/M want 1 VISTARIL want same
do on other side

"do help sometime"

P-

Med: 1 VISTARIL 150mg QAM

Divulproate 500mg QM + 1000mg QM

Prozac 20mg QM

Risperidol 3mg QM

Blood tests ordered:

HbA1c, Lipid, VPA, LFT's, glucose,
CBC

F/R 4 WKS

Clinician Name (Print): J. KELLY, MDFacility: STASignature: J. Kelly, MDTitle: PSYCHIATRIST

ILLINOIS DEPARTMENT OF CORRECTIONS
MENTAL HEALTH PROGRESS NOTEOffender Name: HAYWOOD, DONALD
Last, First, MIID#: R 47947DOB: 11-16-85

S = subjective, offender self-report of presenting problem; O = objective, clinician view of presenting problem; A = assessment, clinician assessment of offender; P = plan, current plan, link to treatment plan

Session Date/Time: 11-11-14 10:35-10:59Session Duration: 1/4 hr

Appearance: ☐ Appropriate ☐ Inappropriate
 Behavior: ☐ Appropriate ☐ Inappropriate
 Mood: ☐ Appropriate ☐ Inappropriate
 Affect: ☐ Appropriate ☐ Inappropriate

Concentration: ☐ Appropriate ☒ Inappropriate
 Memory: ☐ Appropriate ☐ Inappropriate
 Speech: ☐ Appropriate ☒ Inappropriate
 Thoughts: ☐ Appropriate ☐ Inappropriate

Subjective, Objective, Assessment
SUBJECTIVE SYMPTOMS-

Now, no SI, HI, AH, VH,
⊕ Par in

⊕ mood swing, racing thoughts, sleep
⊕ depression 8 on 0-10

PSYCH MEDS- DEPAKOTE 500mg QAM + 1000mg QHS

PROZAC 20mg QAM
VISTARIL (Pantecol) 150mg QHS

COMPLIANCE- RISPERDAL 3mg QHS

⊕ comply daily

SIDE EFFECTS- NoneMEDICATION ALLERGIES- NKDAMEDICAL PROBLEMS- ASTHMA

BLOOD TEST RESULTS- blood drawn 3-4 mos AGO
9-3-14 WBA LFTS PLTCT HbA1C LDL
75.3 ml ml ml ml

MENTAL STATUS EXAM (OBJECTIVE)-

Objes no present, depression, psychosis
No SI, HI, F/S fair, If tension

AXIS I BIPOLAR DIS w/ep psychotic feat.II depressedIII Hx ASTHMAIV incarcerationV 78

Plan

5, distraction

"do help - don't be snapping out"
want to cut, sometimes

P-

Med- Depakote 500mg QAM + 1000mg QHSPROZAC 20mg QAMVISTARIL (Pantecol) 150mg QHSRISPERDAL 3mg QHS

Blood test order: WBC, platelet, LFTs
LIPIDS, HbA1C

F/u 3 mosClinician Name (Print): DR. KELLYFacility: STATEVILLE

Signature: J. Kelly, MD
 Title: MD, PSYCHIATRIST

ILLINOIS DEPARTMENT OF CORRECTIONS
MENTAL HEALTH PROGRESS NOTEOffender Name: Haywood, Donald
Last, First, MIID#: R47947

DOB: _____

S = subjective, offender self-report of presenting problem; O = objective, clinician view of presenting problem; A = assessment, clinician assessment of offender; P = plan, current plan, link to treatment plan

Session Date/Time: 11/17/2014 9:35 AMSession Duration: 5 min MHP appt.

Appearance: ☐ Appropriate ☐ Inappropriate
 Behavior: ☐ Appropriate ☐ Inappropriate
 Mood: ☐ Appropriate ☐ Inappropriate
 Affect: ☐ Appropriate ☐ Inappropriate

Concentration: ☐ Appropriate ☐ Inappropriate
 Memory: ☐ Appropriate ☐ Inappropriate
 Speech: ☐ Appropriate ☐ Inappropriate
 Thoughts: ☐ Appropriate ☐ Inappropriate

Subjective, Objective, Assessment

S: Offender seen in F-House at cell front for mental health follow up. Offender is currently housed in segregation. Offender reported being "okay" and denied having any major complaints and concerns. Offender was reminded to contact MH staff if there was a need to do so. Offender did not appear to be in distress at that time; however, will continue to be seen by MH staff regularly.

Plan
 RTC 4 weeks

OBJECTIVE:

ALERT: X YES NO; COHERENT: X YES NO

ORIENTED: X PERSON X PLACE xTIME X SITUATION

PERCEPTUAL DISTORTIONS: None


THOUGHT CONTENT: unremarkable at this time

TOUGHT PROCESS: intact

SUICIDAL/HOMICIDAL: none

A: Bipolar Disorder,

Compliant with medication

Clinician Name (Print): Dr. C. Larry, PsyDFacility: Stateville Correctional CenterSignature: 
Title: Psychologist

ILLINOIS DEPARTMENT OF CORRECTIONS

MENTAL HEALTH PROGRESS NOTE

Offender Name: Haywood, Ronald ID#: R47947 DOB: 11/16/85
Last, First, MI

S = subjective, offender self-report of presenting problem; O = objective, clinician view of presenting problem;
 A = assessment, clinician assessment of offender; P = plan, current plan, link to treatment plan

Session Date/Time: 12/1/14 10:15 am

Session Duration: 15 mins

Appearance: ☒ Appropriate ☐ Inappropriate
 Behavior: ☒ Appropriate ☐ Inappropriate
 Mood: ☒ Appropriate ☐ Inappropriate
 Affect: ☒ Appropriate ☐ Inappropriate

Concentration: ☒ Appropriate ☐ Inappropriate
 Memory: ☒ Appropriate ☐ Inappropriate
 Speech: ☒ Appropriate ☐ Inappropriate
 Thoughts: ☒ Appropriate ☐ Inappropriate

Subjective, Objective, Assessment

Plan

(S) met with I/M for initial session. I/M discussed lack of contact with MH staff. Recently reported that he "passed out" last Monday (11/24/14) but has not seen medical staff yet. Reported hx of AD hallucinations but cited medications as helpful. (O) Alert & O4. Cooperative mood and affect congruent. Jaded S/I/H. Speech w/; Thought: unremarkable, appeared stable and not responding to internal stimuli. Judgment, insight and impulse control assessed as fair.

(A) Axis I: bipolar 2
 Axis II: referred

(P) RTC 4 weeks. I/M aware of procedure to contact MH.

Clinician Name (Print): L. Soeller PsyD

Signature: [Signature]

Facility: Stateville

Title: Psychologist/MH Unit Director

ILLINOIS DEPARTMENT OF CORRECTIONS
MENTAL HEALTH PROGRESS NOTEOffender Name: HAYWOOD, DONALD
Last, First, MIID#: R47947DOB: 11-16-85

S = subjective, offender self-report of presenting problem; O = objective, clinician view of presenting problem; A = assessment, clinician assessment of offender; P = plan, current plan, link to treatment plan

Session Date/Time: 1-13-15 935-950Session Duration: 15 min

Appearance: ☒ Appropriate ☐ Inappropriate
 Behavior: ☒ Appropriate ☐ Inappropriate
 Mood: ☒ Appropriate ☐ Inappropriate
 Affect: ☒ Appropriate ☐ Inappropriate

Concentration: ☒ Appropriate ☐ Inappropriate
 Memory: ☒ Appropriate ☐ Inappropriate
 Speech: ☒ Appropriate ☐ Inappropriate
 Thoughts: ☒ Appropriate ☐ Inappropriate

Subjective, Objective, Assessment
SUBJECTIVE SYMPTOMS-

NOW, NOSE, HI, AH, VH
 PPR 10 PPR 10 PPR 10 PPR 10
 thought distracted sleep 12"
 Depression 9 on 0-10

PSYCH MEDS- DEPAKOTE 500mg QAM + 1000mg QM
 PROZAC 20mg QAM
 (Risperidone) RISPERDAL 3mg QHS
 VISTARIL 10mg QHS

COMPLIANCE- stopped Depakote 2 days, but
 "still felt dizzy - even now"

SIDE EFFECTS- "paralysed" 3-4x 11-2014 -
 not since then

MEDICATION ALLERGIES- NKDA

MEDICAL PROBLEMS- none

BLOOD TEST RESULTS- Blood drawn 2 was 160"
 12-22-14 VBA PTTCT HBAK TSH LFTS
 1125.2 1123 ml ml ml

MENTAL STATUS EXAM (OBJECTIVE)- Caffeine

Obj: no mania, depression, psychosis
 Ab: S, Hi. I/s fair. I/s tension

AXIS I Hx Bipolar Dis, UNST. E Psychotic, aggr.

II deferred

III None known Hx ASTHMA

IV incarceration

V 78

Plan

12-2014 saw G MHP -
 said wants to see me again - want
 to see MHP, want to talk about
 "any problem - life" - wrote Sile,
 geriatric - "See dead FA, MHP,
 wake up in my sleep. See MHP
 & 3-4 mos." }
 "do help" - want some dose of make
 (only 2 make) → [will + Depakote due to VLA 1252
 and PICTARIL]
 Meds: Depakote 250mg QAM + 1000mg QM
 Prozac 20mg QAM
 (Risperidone) RISPERDAL 3mg QHS
 VISTARIL
 Blood tests ordered: VBA, LFTS, CBC, platelet, 4 Pies

F/U 4 WKS

Clinician Name (Print): DR. KELLYSignature: J. Kelly, MDFacility: STATEVILLETitle: MD, PSYCHIATRIST

ILLINOIS DEPARTMENT OF CORRECTIONS
MENTAL HEALTH PROGRESS NOTEOffender Name: Haywood
Last, First, MIID#: 247947

DOB: _____

S = subjective, offender self-report of presenting problem; O = objective, clinician view of presenting problem; A = assessment, clinician assessment of offender; P = plan, current plan, link to treatment plan

Session Date/Time: 1/26/15 @ 10:15 ASession Duration: 15 min

Appearance: ☒ Appropriate ☐ Inappropriate
 Behavior: ☒ Appropriate ☐ Inappropriate
 Mood: ☒ Appropriate ☐ Inappropriate
 Affect: ☒ Appropriate ☐ Inappropriate

Concentration: ☒ Appropriate ☐ Inappropriate
 Memory: ☒ Appropriate ☐ Inappropriate
 Speech: ☒ Appropriate ☐ Inappropriate
 Thoughts: ☒ Appropriate ☐ Inappropriate

Subjective, Objective, Assessment

Plan

② Rtc 4 weeks

① ILM seen in house for scheduled MHP apt. ILM reported, "Everything been going on, my feeling fell out they aint been bringing my meds." ILM reported he hasnt received his Vial 1 "Since I last saw Dr. Kelly." ILM reported he has been losing sleep, stating, "I'm having nightmares, I'm seeing people who I know are dead, I'm seeing em everywhere." ILM + MHP discussed grounding techniques + relaxation skills. ILM reported no concerns w/ sleep or cellie.

② ILM O x 4. Awake alert & cooperative. Good eye contact. Speech fluent & coherent. Mood agitated, affect congruent. No sign of formal thought disorder. Endorsed VU. P/SI/HI/AT. Poor insight & judgment. Fair impulse control.

③ Bipolar DIO c/ psychotic features

Clinician Name (Print): S. Cheshareck LPCFacility: JPASignature: [Signature]Title: OMHP

* VPA

6 UNSENT - 1-13-15

F125

Session Date/Time: 2-3-15 10³⁰-10⁴⁰
 Appearance: ☒ Arranged ☐ _____

instruct

Now, no Si , HI ,

PERALOT 1000mg QHS + 250mg QHS

④ copy not required more + 2 days

Rec. VISITORS 9/1/5

NKDA

None now

"LEFT MOUTH"

EXAM (OBJECTIVE)-

visit affect. Mood not depressed, elated.
No significant P: $\frac{1}{2}$

No Si, H₂ I/T fair. I/T Tenures.

~~HA BIPOLAR DIS, W/ST E PSYCHOTIC symp~~
~~depressed~~ ~~HA PTSD~~

11 Deformed 178750

III none now

IV is a reservation

V 68

Session Duration: 14hr

(Total I/P, VISITATION & BENEFIT are limited to 30 days)

④ Depression 10-10-10

T/M wants 4 RISPERIDOL ^{and} Rispercon,
PRIZOSIN, Repaglinide, PRIZAC

P-
Mode - PRAZOSIN 1mg QHS (for HTN symp.)
BEMIDOL 16mg QHS

Blood tests ordered: VPA

F/L 4 WKS

Clinician Name (Print): DR. KELLY

Facility: STATEVILLE

Signature: J. Kalyan
Title: MD, PSYCHIATRIST

Title: MD. PSYCHIATRIST

COMMENT: 1-13-15

ILLINOIS DEPARTMENT OF CORRECTIONS
MENTAL HEALTH PROGRESS NOTEOffender Name: HAYWOOD, DONALD

Last, First, MI

ID#: R47947DOB: 11-16-85

S = subjective, offender self-report of presenting problem; O = objective, clinician view of presenting problem; A = assessment, clinician assessment of offender; P = plan, current plan, link to treatment plan

Session Date/Time: 2-17-15 12:15-12:30Session Duration: 1 hr

Appearance: ☒ Appropriate ☐ Inappropriate
 Behavior: ☒ Appropriate ☐ Inappropriate
 Mood: ☒ Appropriate ☐ Inappropriate
 Affect: ☒ Appropriate ☐ Inappropriate

Concentration: ☒ Appropriate ☐ Inappropriate
 Memory: ☒ Appropriate ☐ Inappropriate
 Speech: ☒ Appropriate ☐ Inappropriate
 Thoughts: ☒ Appropriate ☐ Inappropriate

Subjective, Objective, Assessment
SUBJECTIVE SYMPTOMS-Now no SI, HI, AH, VA, for 10,
mood swings

① racing thoughts, bad thoughts, disturbed sleep 6°

② Depression 8-9 on 0-10

PSYCH MEDS- Depakote 1250mg/day
Risperdal 4mg qhs

Prazosin 1mg qhs

COMPLIANCE- Prazosin 15mg qhs

Prozac 20mg qhs

SIDE EFFECTS- before blood test (2-10-15) - sup

→ dizziness, hands shaking, not been given Depakote

MEDICATION ALLERGIES- NKDA

MEDICAL PROBLEMS- ASTHMA

BLOOD TEST RESULTS- VPA < 10 on 2-10-15 - (told I/M results)

MENTAL STATUS EXAM (OBJECTIVE)-

Obje not manic, psychotic, depressed.

No SI, HI. I/I fair. I/c intact more

AXIS I Hx BIPOLAR DIS, VNS & PSYCHOTIC feat.

II depressed

III Hx ASTHMA

IV incarceration

V 68

Plan

I/M wants ↓ Prazosin, resume
Depakote at 1000mg/day,
cont. other & med.P-
Meds - ↓ Depakote 500mg bid
Risperdal 4mg qhs
↓ Prazosin 0.5mg qhs
Prazosin 15mg qhs
Prozac 20mg qhs

Blood tests ordered: VPA

F/U 4 wks.

Clinician Name (Print): DR. KELLY

Facility: STATEVILLE

Signature: J. Kelly, MD

Title: MD, PSYCHIATRIST

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

B1014

Date: <u>11-18-15</u>	Offender: (Please Print) <u>Donald Haywood</u>	ID#: <u>R47947</u>
Present Facility: <u>Stateville CC</u>	Facility where grievance issue occurred: <u>Stateville CC</u>	

NATURE OF GRIEVANCE:

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> ADA Disability Accommodation
<input checked="" type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA <u>Mental Health</u>
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator		<input checked="" type="checkbox"/> Other (specify): <u>Mental Health</u>

☐ Disciplinary Report: _____
Date of Report: _____ Facility where issued: _____

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Showdown Record, etc.) and send to:
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
 Chief Administrative Officer, only if EMERGENCY grievance.
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):
on 11-18-15. I went to the health care to get my meds and
I saw the mental Health Doctor MS. Konrad who I was
told was my mental Health Doctor and Ask her for the
10th or 11th time Can i be seen i have some issues
that I need to talk about. Then she told me i'm not going
to rush your name up to the top of my list I'm
running behind on seeing people. I then told her that
it has been over 13 months since i been seen by
anyone. Although I did talk to a GP's team last
Relief Requested: I need to be seen by someone soon

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Donald Haywood R47947 11.18.15
Offender's Signature ID# Date
(Continue on reverse side if necessary)

Counselor's Response (if applicable)

Date Received: 1.22.16 ☐ Send directly to Grievance Officer ☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277

Response: This grievance is untimely. You have
60 days from the date of incident to file

L. Acklin [Signature] 1.22.16
Print Counselor's Name Counselor's Signature Date of Response

EMERGENCY REVIEW

Date Received: 1.1 Is this determined to be of an emergency nature? ☐ Yes; expedite emergency grievances ☐ No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.

[Signature] _____
Chief Administrative Officer's Signature Date

(EXHIBIT "R")

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

B1014

Date: 11-18-15	Offender: (Please Print) Donald Haywood	ID#: R47947
Present Facility: Stateville CC	Facility where grievance issue occurred: Stateville CC	

NATURE OF GRIEVANCE:

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> ADA Disability Accommodation
<input checked="" type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA Mental Health
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator		<input checked="" type="checkbox"/> Other (specify):
<input type="checkbox"/> Disciplinary Report: _____			

Date of Report _____ Facility where issued _____

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
 Chief Administrative Officer, only if EMERGENCY grievance.
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.


Summary of Grievance: (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):
 on 11-18-15. I went to the health care to get my meds and I saw the mental Health Doctor M.S. Konrad who I was told was my mental Health Doctor and Ask her for the 10th or 11th time Can I be seen I have some issues that I need to talk about. Then she told me I'm not going to rush your name up to the top of my list I am running behind on seeing people. I then told her that it has been over a month since I been seen by anyone. Although I did talk to a ~~prison~~ ^{corrections} team last


Relief Requested: I need to be seen by someone soon

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Donald Haywood R47947 11.18.15
 Offender's Signature ID# Date

(Continue on reverse side if necessary)

Counselor's Response (If applicable)		
Date Received: 1.22.16	<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277	
Response: This grievance is untimely. You have 60 days from the date of incident to file		
1 Acklin Print Counselor's Name	 Counselor's Signature	1.22.16 Date of Response

EMERGENCY REVIEW		
Date Received: 1/1/16	Is this determined to be of an emergency nature?	<input type="checkbox"/> Yes; expedite emergency grievance <input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
 Chief Administrative Officer's Signature	_____	1/1/16 Date

(EXHIBIT "R")

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Disciplinary Report

Type of Report:

☒ Disciplinary ☐ Investigative

Date: 1/29/16

Facility

Offender Name: [Handwritten Name]

ID #: 847947

Observation Date: 1/29/16

Approximate Time: 9:50

☐ a.m.
☐ p.m.

Location: 402

Offense(s): DR 504:

Observation: (NOTE: Each offense identified above must be substantiated.)

Witness(es): [Handwritten Name]

☐ Check if Offender Disciplinary Continuation Page, DOC 0318, is attached to describe additional facts, observations or witnesses.

Reporting Employee (Print Name)	Badge #	Signature	Date	Time
[Handwritten Name]	[Handwritten Badge]	[Handwritten Signature]	1/29/16	10:00

Disciplinary Action:

Shift Review: ☐ Temporary Confinement ☐ Investigative Status Reasons:

Printed Name and Badge #

Shift Supervisor's Signature
(For Transition Centers, Chief Administrative Officer)

Date

Reviewing Officer's Decision: ☐ Confinement reviewed by Reviewing Officer Comment:☐ Major Infraction, submitted for Hearing Investigator, if necessary and to Adjustment Committee☒ Minor Infraction, submitted to Program Unit

Print Reviewing Officer's Name and Badge #

Reviewing Officer's Signature

Date

☐ Hearing Investigator's Review Required (Adult Correctional Facility Major Reports Only):

Print Hearing Investigator's Name and Badge #

Hearing Investigator's Signature

Date

Procedures Applicable to all Hearings on Investigative and Disciplinary Reports

You have the right to appear and present a written or oral statement or explanation concerning the charges. You may present relevant physical material such as records or documents.

Procedures Applicable to Hearings Conducted by the Adjustment Committee on Disciplinary Reports

You may ask that witnesses be interviewed and, if necessary and relevant, they may be called to testify during your hearing. You may ask that witnesses be questioned along lines you suggest. You must indicate in advance of the hearing the witnesses you wish to have interviewed and specify what they could testify to by filling out the appropriate space on this form, tearing it off, and returning it to the Adjustment Committee. You may have staff assistance if you are unable to prepare a defense. You may request a reasonable extension of time to prepare for your hearing.

☐ Check if offender refused to sign

Offender's Signature

ID#

Serving Employee (Print Name)

Badge #

Signature

Date Served

Time Served

☐ a.m.
☐ p.m.☐ I hereby agree to waive 24-hour notice of charges prior to the disciplinary hearing.

Offender's Signature

ID#

(Detach and Return to the Adjustment Committee or Program Unit Prior to the Hearing)

Date of Disciplinary Report

Print offender's name

ID#

I am requesting that the Adjustment Committee or Program Unit consider calling the following witnesses regarding the Disciplinary Report of the above date:

Print Name of witness

Witness badge or ID#

Assigned Cell
(if applicable)

Title (if applicable)

Witness can testify to:

Print Name of witness

Witness badge or ID#

Assigned Cell
(if applicable)

Title (if applicable)

Witness can testify to:

(EXHIBIT'S)

Distribution: Master File
Offender
Facility (2)

STATE OF ILLINOIS -- DEPARTMENT OF CORRECTIONS

PROGRAM COMMITTEE
FINAL SUMMARY REPORT

Name: HAYWOOD, DONALD

IDOC Number: R47947

Race: BLK

Hearing Date/Time: 2/5/2016 12:12 PM

Living Unit: STA-B-06-18

Orientation Status: N/A

Incident Number: 201600461/1 - STA

Status: Expunged Final

Date	Ticket #	Incident Officer	Location	Time
1/29/2016	201600461/1-STA	CORRECTIONAL, STATEVILLE	HEALTH CARE UNIT	09:50 AM

Offense	Violation	Final Result
303	Giving False Information To An Employee	

Witness Type	Witness ID	Witness Name	Witness Status
No Witness Requested			

RECORD OF PROCEEDINGS

Offender R47947 Haywood stated that he asked to speak with a Crisis Team member on 1/29/16. He was taken to the HCU and spoke with MHP Ramel.

BASIS FOR DECISION

Charge of 303 not substantiated.

DISCIPLINARY ACTION *(Consecutive to any priors)*

RECOMMENDED

FINAL

--- EXPUNGED ---

Basis for Discipline:

Signatures

Hearing Committee

MANSFIELD, DAVID L - Chair Person

02/05/16

WHI

Signature

Date

Race

Recommended Action Approved

Final Comments: N/A

RANDY S PFISTER / RSP 2/15/2016

02/15/16

Chief Administrative Officer

Signature

Date

The committed person has the right to appeal an adverse decision through the grievance procedure established by Department Rule 504: Subpart F.

NICCOELLE E JACKSON

2/18/2016

10:50 AM

Employee Serving Copy to Committed Person

When Served -- Date and Time

8/9/18
-Jaywood
4/19/14

STATE OF ILLINOIS -- DEPARTMENT OF CORRECTIONS
ADJUSTMENT COMMITTEE
FINAL SUMMARY REPORT

Name: HAYWOOD, DONALD IDOC Number: R47947 Race: BLK
Hearing Date/Time: 2/24/2016 08:40 AM Living Unit: STA-B-06-18 Orientation Status: N/A
Incident Number: 201600694/1 - STA Status: Final

Date	Ticket #	Incident Officer	Location	Time
2/18/2016	201600694/1-STA	GALLEGOS, AMANDA	HEALTH CARE UNIT	12:15 PM

Offense	Violation	Final Result
303	Giving False Information To An Employee	Guilty
304	Insolence	Guilty

Witness Type	Witness ID	Witness Name	Witness Status
--------------	------------	--------------	----------------

No Witness Requested

RECORD OF PROCEEDINGS

Inmate Haywood R47947 present and DR read. Haywood R47947 states he was referred to DR. Kelley for his feelings says he stopped taking his meds because B house staff was Harassing him.

BASIS FOR DECISION

Inmate Haywood R47947 called for a crisis because of issues he was having with security staff. Mental Health staff told inmate Haywood R47947 that his reason for calling a crisis was inappropriate, and inmate Haywood R47947 began yelling. Inmate Haywood R47947 yelled, "go ahead and write me a ticket." as he walked to the door. Inmate Haywood R47947 was identified by his state issued id. Per mental health, inmate Haywood's R47947 Mental Health did not contribute to the underlying behavior of the offense for which the doc 0317 was issued. Up to 30 days in seg was recommended. Doc 0443 form attached to disciplinary report in inmates master file. The committee is satisfied the violations occurred as reported.

DISCIPLINARY ACTION (Consecutive to any priors)

RECOMMENDED

1 Months C Grade
Other : SMI
1 Months Commissary Restriction

Basis for Discipline:NATURE OF OFFENSE

FINAL

1 Months C Grade
Other : SMI
1 Months Commissary Restriction

Signatures

Hearing Committee

BEST, CHARLES F - Chair Person

BASS, SHAUN D

Recommended Action Approved

	02/24/16	BLK
Signature	Date	Race
	02/24/16	BLK
Signature	Date	Race

Final Comments: N/A

(EXHIBIT "U")

ADJUSTMENT COMMITTEE
FINAL SUMMARY REPORT

Name: HAYWOOD, DONALD

IDOC Number: R47947

Race: BLK

Hearing Date/Time: 2/24/2016 08:40 AM

Living Unit: STA-B-06-18

Orientation Status: N/A

Incident Number: 201600694/1 - STA

Status: Final

RANDY S PFISTER / NRL 3/7/2016

Chief Administrative Officer

Signature

03/07/16

Date

The committed person has the right to appeal an adverse decision through the grievance procedure established by Department Rule 504: Subpart F.

Employee Serving Copy to Committed Person

When Served -- Date and Time

STATE OF ILLINOIS -- DEPARTMENT OF CORRECTIONS
ADJUSTMENT COMMITTEE
FINAL SUMMARY REPORT

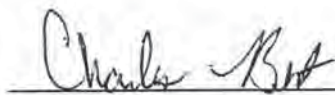
Name: HAYWOOD, DONALD IDOC Number: R47947 Race: BLK
Hearing Date/Time: 2/29/2016 09:58 AM Living Unit: STA-B-06-18 Orientation Status: N/A
Incident Number: 201600680/1 - STA Status: Final

Date	Ticket #	Incident Officer	Location	Time
2/18/2016	201600680/1-STA	JERZ, BRENDA L	HEALTH CARE UNIT	01:00 PM

Offense	Violation	Final Result
206	Intimidation Or Threats	Not Guilty
304	Insolence	Guilty

Witness Type	Witness ID	Witness Name	Witness Status
Staff		SIEVERS, JOHN	Testimony Would Be Irrelevant Requested By Inmate

Statement: Sgt Sievers was not present when the incident occurred and inmate Haywood R47947 admitted to the committee that he did write the note.



Witness Interviewer Signature

I attest to the statements as being a correct reflection of the statements provided to me by witnesses.

RECORD OF PROCEEDINGS

Inmate Haywood R47947 present and DR read. Haywood R47947 states that he did write the note but he wasn't threatening anyone.

BASIS FOR DECISION

Inmate Haywood R47947 wrote a note to R/E which stated, 'if you spend more time filling our orders and less time smoking stuff done in time before our dates' you act like thisshit isn't important.'
Inmate Haywood R47947 admits that he did write the letter.
Per mental health, inmate Haywood's R47947 Mental Health did not contribute to the underlying behavior of the offense for which the DOC 0317 was issued. Up to 6 months in seg was recommended. Doc 0443 form attached to disciplinary report in inmates master file.
The committee is satisfied the violation of 304 occurred as reported.

DISCIPLINARY ACTION (Consecutive to any priors)

RECOMMENDED

Verbal Reprimand
Basis for Discipline:

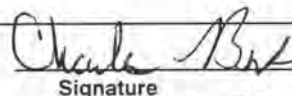
FINAL

Verbal Reprimand

Signatures

Hearing Committee

BEST, CHARLES F - Chair Person



02/29/16

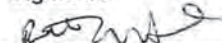
BLK

Signature

Date

Race

HART, BETH A



02/29/16

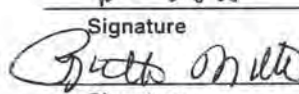
WHI

Signature

Date

Race

MILLER, RUTH



02/29/16

BLK

Signature

Date

Race

Recommended Action Approved

Final Comments: N/A

STATE OF ILLINOIS -- DEPARTMENT OF CORRECTIONS
ADJUSTMENT COMMITTEE
FINAL SUMMARY REPORT

Name: HAYWOOD, DONALD
Hearing Date/Time: 2/29/2016 09:58 AM
Incident Number: 201600680/1 - STA

IDOC Number: R47947
Living Unit: STA-B-06-18
Status: Final

Race: BLK
Orientation Status: N/A

RANDY S PFISTER / NRL 3/7/2016

Chief Administrative Officer

Signature

03/07/16

Date

The committed person has the right to appeal an adverse decision through the grievance procedure established by Department Rule 504: Subpart F.

Employee Serving Copy to Committed Person

When Served -- Date and Time

But